

2006 ANNUAL REPORT

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



HELPING PEOPLE LIVE BETTER LIVES



NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



MESSAGE FROM THE POLICY CABINET

Nebraska Health and Human Services System Annual Report - 2006



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The 2006 Annual Report contains many statistics about the thousands of people touched by the Health and Human Services System during the course of one year. The numbers are important because they document major activities and services.

The driving force behind those statistics, though, is even more important, and that is the mission of the Health and Human Services System:

We help people live better lives through effective health and human services.

Helping people live better lives is not only a driving force; it also describes the outcomes for which we strive. Helping people live better lives is what we do every day, whether we're educating and protecting people through public health efforts; assisting the elderly, the poor and those with disabilities; providing safety to abused and/or neglected children or vulnerable adults; or serving those in need of 24-hour facility care.

During state fiscal year 2006, the Health and Human Services System was also involved with three major reform efforts to improve services. They were Behavioral Health reform, Child Welfare reform, and Medicaid reform. Emergency and pandemic planning is another major initiative that continued throughout 2006, with

national recognition in several areas. Major accomplishments of these initiatives are documented in this report.

The activities and services of the Health and Human Services System are provided by dedicated staff who are committed to doing their best for people living in Nebraska. We hope this report provides an understanding of their varied responsibilities and accomplishments. Thank you for taking a few moments to review it.

Most of the information covered in this report is for State Fiscal Year (FY) 2006, which includes July 1, 2005 through June 30, 2006. Some information may be provided by Calendar Year (CY) or Federal Fiscal Year (FFY). Additional information about HHSS can be found on our Website at www.hhss.ne.gov. Questions and concerns about HHSS programs and services can be directed to the System Advocate at 1-800-254-4202 or 402-471-6035 in Lincoln.

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INTRODUCTION

HHSS Mission and Operating Principles

The Mission statement for the Health and Human Services System (HHSS) is:

We help people live better lives through effective health and human services.

A set of operating principles outlines how employees carry out this mission. These operating principles are referred to as the “Five Cs,” and include:



Communication

What we mean: Communication means keeping people informed; listening actively; being open and accessible; and ensuring we are accurate, timely, and complete in all we say and write.

The results we want: Our customers, the people we work with and the public, see us as open and honest in our communication, believe that we hear and understand what they say, and view us as a source of valid and reliable information that is easily accessible.

Cooperation

What we mean: Cooperation means a willingness to work with others in good faith, assisting them and accepting assistance from them.

The results we want: Our customers and the people we work with join us in seeking solutions and improvements.

Collaboration

What we mean: Collaboration means a willingness and ability to work together with others as equals in the pursuit of common goals.

The results we want: Our customers and the people we work with trust that we will work with them as partners in the pursuit of common goals.

Customer Service

What we mean: Customer Service means responding to our customers in a respectful, timely, and effective manner.

The results we want: Our customers know we value them and are considerate of their needs.

Confidence

What we mean: Confidence means reliance on us to do our jobs effectively and efficiently with integrity and fairness.

The results we want: Our customers, the people we work with and the public, learn that we do our jobs with commitment, professionalism, efficiency, and through accountable programs and accurate systems.



Policy Cabinet and Organizational Overview

The Health and Human Services System Policy Cabinet structure provides for both system-wide coordination of activities and agency-specific oversight and direction.

Policy Cabinet members are appointed by the Governor and approved by the Legislature.

These include the Directors of the three executive branch agencies, which are the Department of Health and Human Services Finance and Support, the Department of Health and Human Services Regulation and Licensure, and the Department of Health and Human Services; the Policy Secretary; and a Chief Medical Officer if the director of HHS Regulation and Licensure is not a physician.

During FY 2006, the Policy Cabinet consisted of Richard Nelson, HHS Finance and Support; Dr. Joann Schaefer, HHS Regulation and Licensure and Chief Medical

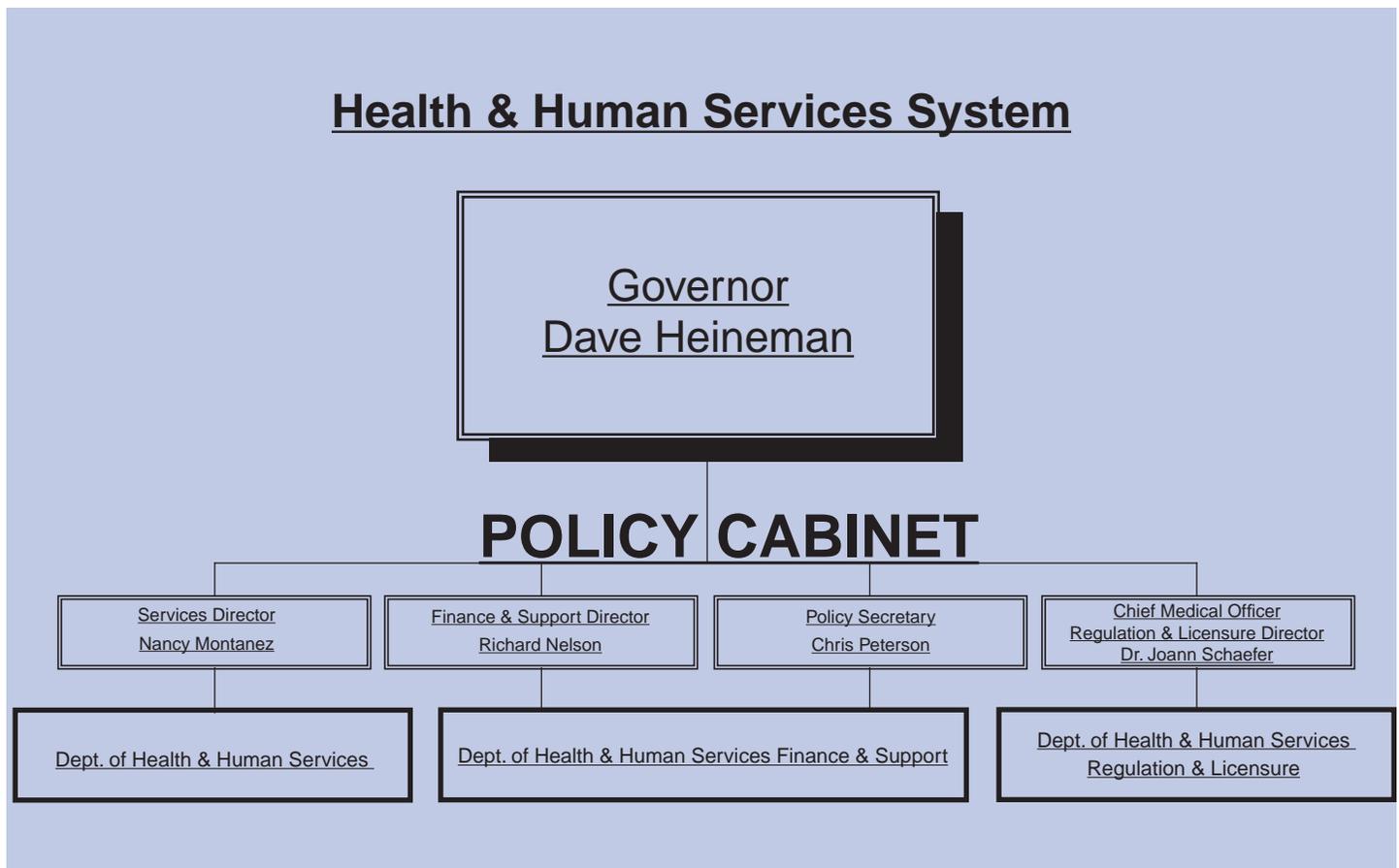
Officer; Nancy Montanez, HHS; and Christine Peterson, Policy Secretary.

The organization chart below illustrates the administrative structure of the Policy Cabinet.

On June 30, 2006 the Health and Human Services System (HHSS) had 5,846 full-time equivalent employees located in over 100 offices across the state and in ten 24-hour facilities. The System's central office in Lincoln provided administrative direction and operational support to employees and programs.

Total expenditures for HHSS for FY2006 were \$2.46 billion in state, federal and cash funds.

The agency sections of this annual report provide additional detail and results of program activities.



I. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Nebraska Health and Human Services System Annual Report - 2006

Overview

The Department of Health and Human Services (HHS) provides a wide variety of services to individuals and families.

The local offices across the state are organized into five geographic service areas. Service Area staff work with clients to determine eligibility for economic assistance programs such as Aid to Dependent Children, Child Care Subsidy, Child Support Enforcement, Employment First, Food Stamps and Medicaid.

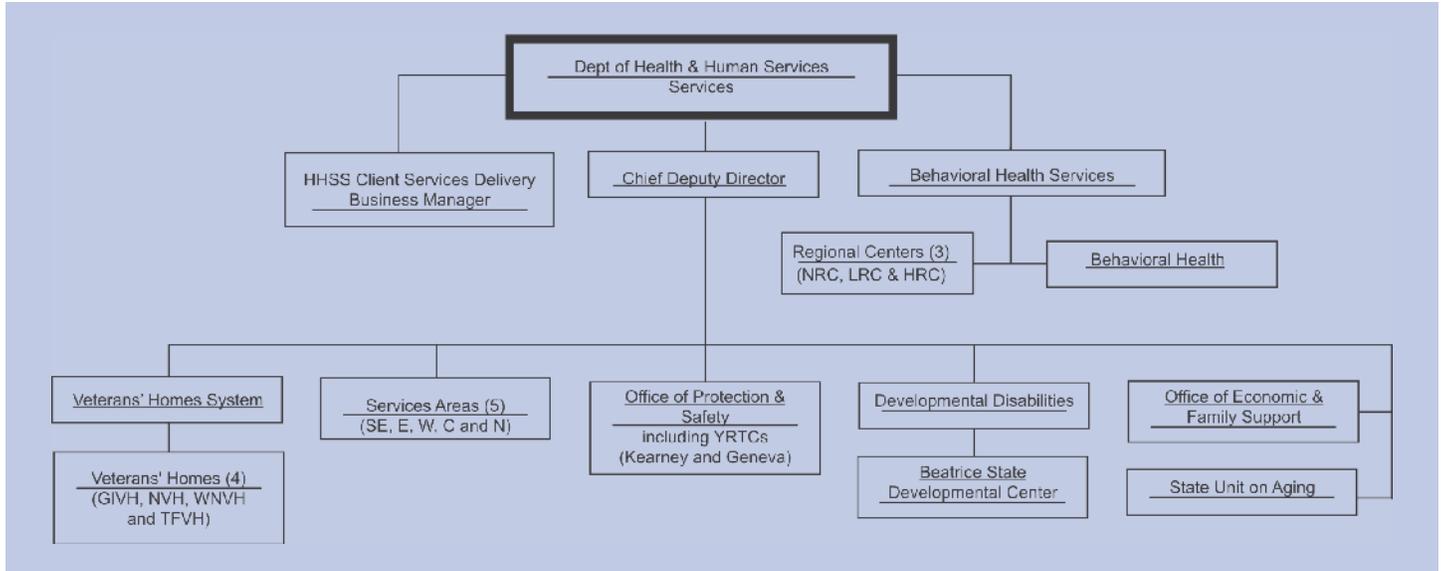
The Service Areas collaborate with Central Office in Lincoln in the areas of adoption, foster care, investigation and prevention of child abuse and neglect and juvenile services.

Staff collaborate with other partners in the child welfare system to ensure the safety, permanency and well-being of children served by HHS.

The Department operates ten 24-hour facilities: four state Veterans' Homes, three Regional Centers, two Youth Rehabilitation and Treatment Centers and the Beatrice State Developmental Center.

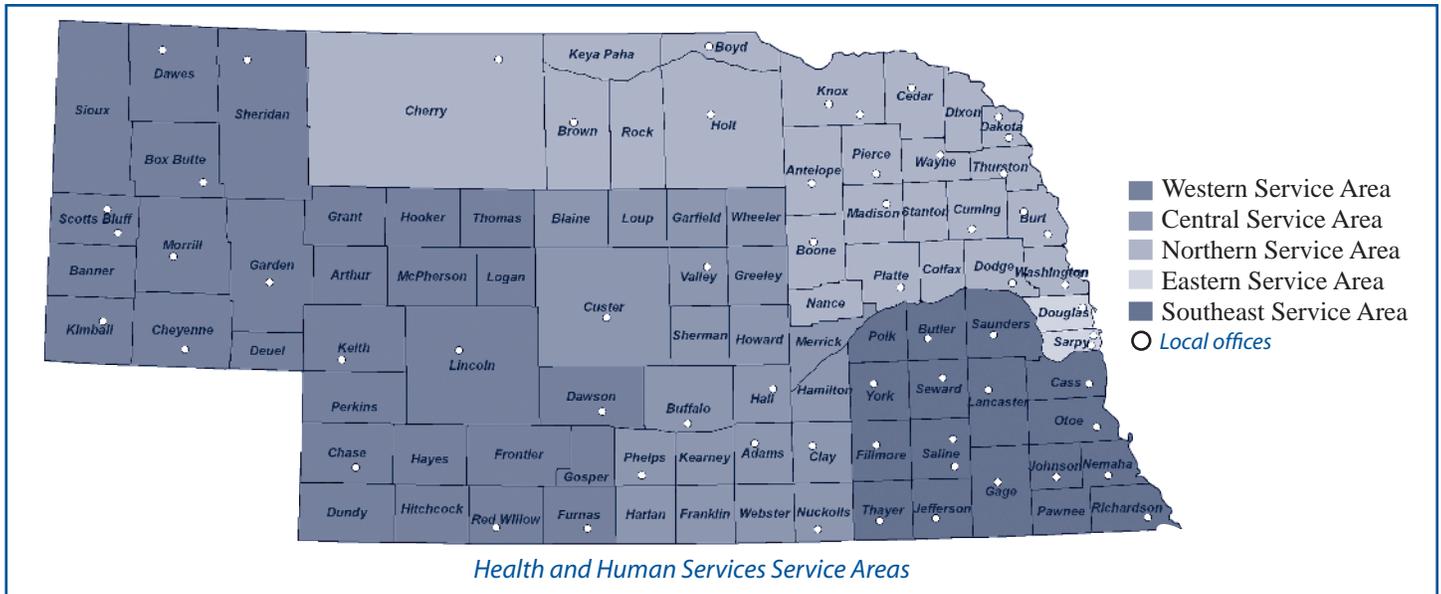
In addition, HHS includes aging and ombudsman services, and monitors and provides oversight for community-based developmental disabilities, mental health, substance abuse and gambling programs.

On June 30, 2006, the Department of Health and Human Services had 4,774 full-time equivalent employees; expenditures during FY2006 totaled \$314,555,630.



Behavioral Health Services

The Division of Behavioral Health Services provides planning, funding, monitoring and evaluation of community mental health, substance abuse and problem gambling prevention, treatment and rehabilitation services. It also directly delivers behavioral health services at the three State Regional Centers. As the federally designated State Mental Health Authority and the State Substance Abuse Authority, the Division provides leadership, planning and coordination for behavioral health services throughout Nebraska. Included within the Division are the Gambling Assistance Program, the Prevention Program, and the Office of Consumer Affairs.



During FY2006, the Division managed revenues and monitored continuation and Regional Center transfer fund expenditures from multiple state, federal and cash sources totaling \$90,381,961 for community programs to provide behavioral health services. Of this, \$69,023,667 was contracted through the six Region Behavioral Health Authorities that subcontract with more than 125 providers for over 55 mental health and substance abuse adult and youth services in their respective geographic areas.

In addition to community funding, in FY2006, \$60,558,475 was budgeted for services in the three Regional Centers – Hastings Regional Center (HRC), Lincoln Regional Center (LRC) and Norfolk Regional Center (NRC).

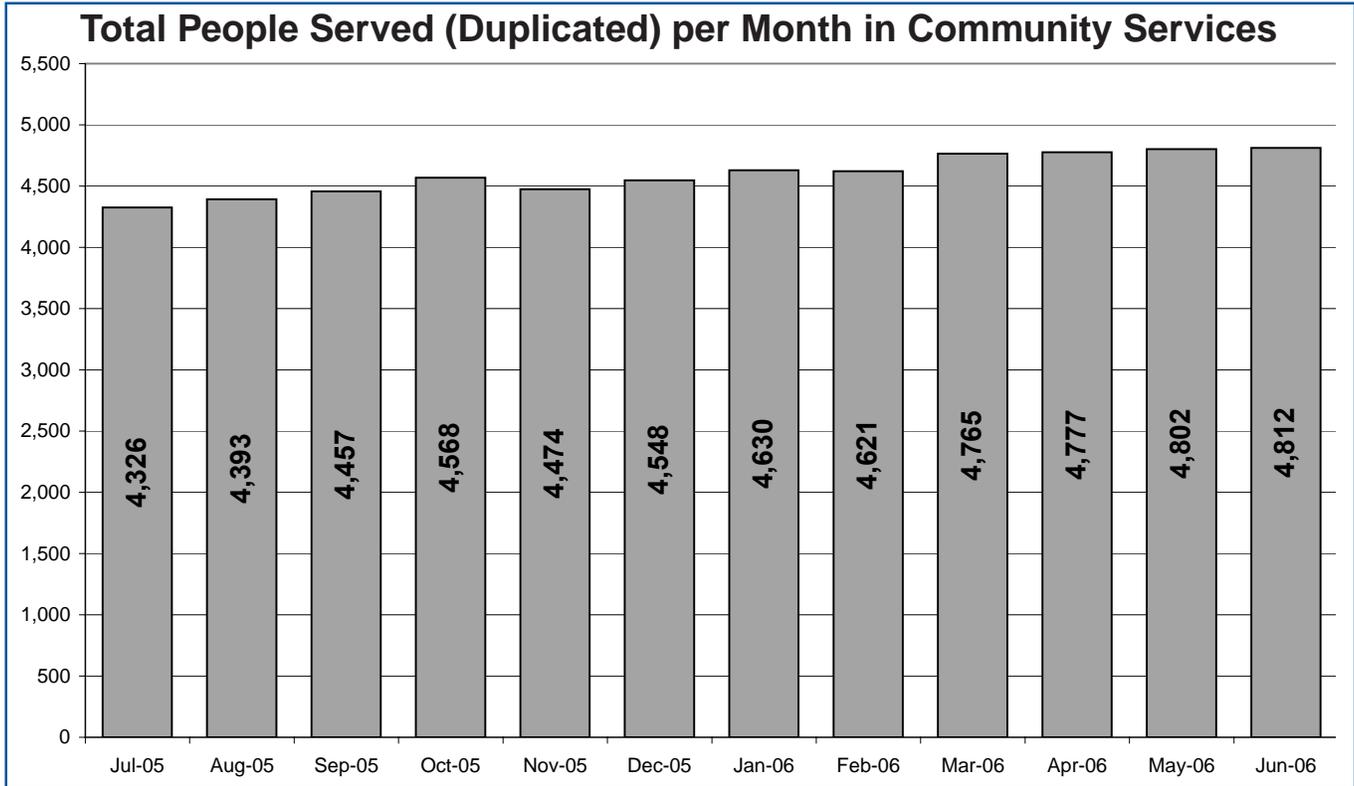
The Behavioral Health Prevention Program received \$3.3 million in block grants to administer several state and federal prevention initiatives and programs, including the Governor’s Safe and Drug Free Schools and Communities Program, the Nebraska Clearinghouse for Alcohol and Drug Information, the School and Community Intervention Program, and the nationally-recognized State Incentive Cooperative Agreement (SICA) that provided funding to 18 local community coalitions in Nebraska that implement local prevention strategies. The Division contracts with the Nebraska State Patrol to meet the federal requirements for annual random inspections of more than 850 tobacco retail outlets to reduce the illegal purchases by minors. Thirty-

eight percent of the \$3.3 million also funds prevention services for substance abuse through contracts with the six Regions. The Gambling Assistance Program managed \$1.3 million in FY2006 for services to persons with gambling addiction.

The Division manages over 90 contracts for other specialty behavioral health services including: (a) \$1.3 million funds mental health and substance abuse treatment and prevention services at the four recognized tribes in Nebraska (Ponca, Omaha, Santee Sioux and Winnebago) and in a specialty residential treatment program for Native Americans; (b) \$300,000 funds outreach and case management support and referral services for the federal PATH Homeless grant program; (c) \$176,480 for core education classes for alcohol and drug counselors; and (d) \$148,534 for the rural mental health crisis counseling services to rural and farming residents of Nebraska.

Reform of the adult behavioral health services system was initiated by LB 1083, the Nebraska Behavioral Health Services Act, which became effective in FY2005. This legislation revised previous community and institutional mental health, compulsive gambling and alcohol/drug services laws to allow persons with mental illness and substance abuse disorders to be served in the least restrictive settings closer to their home communities, support systems, family and friends, while providing safety and protection for the individuals and the community.

LB 1083 provided for the reduction of Regional Center services and the transfer of approximately \$26 million to the community. In addition, \$2.5 million was added to expand emergency community based services.



The decline in commitments to Regional Centers is a positive indicator that community services are better providing support to individuals since reform began in 2004.

Mental Health Board Commitments to Regional Center Behavioral Health Reform Units* by Region FY 2003 - FY 2006

	FY03	FY04	FY05	FY06
Region 1	54	40	7	7
Region 2	40	35	32	25
Region 3	179	140	129	98
Region 4	69	80	76	51
Region 5	216	172	155	139
Region 6	274	274	227	170
Total	832	741	626	490

Source: AIMS/Avatar

*Behavioral Health Reform Units include inpatient and residential units at LRC, NRC and HRC, but excludes Adolescent, Forensic and Sex Offender units

Developmental Disabilities

The Developmental Disabilities System (DDS) in HHS is responsible for administering an integrated system approach for providing services to persons with developmental disabilities by:

- Administering all state and federal funds for specialized community-based developmental disabilities (DD) programs;
- Developing and interpreting regulations for providers of community-based developmental disabilities services;
- Certifying and contracting with 33 public and private community-based providers at 70 area programs statewide to serve Nebraskans with developmental disabilities;
- Developing a comprehensive statewide plan for services for Nebraskans with developmental disabilities;
- Administering four Home and Community-Based Medicaid Waivers serving up to 3,510 adults and 250 children;
- Having a single point of entry for specialized developmental disabilities services, managed by Service Coordination;
- Maintaining a statewide registry of persons eligible for specialized developmental disabilities services;

- Providing training and technical assistance statewide to staff of community-based providers and developmental disabilities service coordination;
- Operating the Beatrice State Developmental Center (BSDC), an intermediate care facility that provided 24-hour care to approximately 351 individuals with developmental disabilities in FY2006, at a total state and federal expenditure of \$41,676,926;
- Providing eligible persons short-term community-based or residential behavioral intervention, training and follow-up through BSDC’s Outreach and Intensive Treatment Services; and
- Administering the BSDC Bridges Program, a 14-bed secure setting designed to provide a structured, therapeutic environment for persons with challenging behaviors that pose a significant risk to members of the community.

In FY2006, 4,659 individuals were authorized for community DD service coordination. Of those, 4,127 received community-based day and/or residential services.

State and Federal dollars spent for DD services in FY2006 totaled \$145,818,394. This included \$61,691,707 in State general funds and \$84,126,687 in federal funds.

Services	Number Served in 2006
Both Day and Residential Services	2,579
Day Services Only	1,017
Residential Services Only	531
Respite	266
Medicaid Home and Community-Based Waivers	
Comprehensive	2,239
Day Services	737
Residential Services	151
Children’s Services	251

Economic and Family Support

The Office of Economic and Family Support is responsible for administering all state and federal public assistance funds that assist eligible low-income families and individuals.

Aid to Dependent Children (ADC) and Temporary Assistance to Needy Families (TANF)

HHS operates the Aid to Dependent Children (ADC) program through a federal block grant known as Temporary Assistance for Needy Families (TANF). This program provides cash assistance to low-income families with minor children. The family must meet income, resource, and other eligibility criteria. ADC income is used to pay for family living expenses like rent, utilities, food, clothing, and other necessities. ADC is often the only source of cash assistance for a family.

To be eligible for ADC cash assistance, a family must have monthly countable income less than the state’s established need and payment standards. The ADC cash assistance for a family of two was \$293 a month in 2006. The amount is increased \$71 for each additional eligible child.

ADC families may consist of children and both parents or there may be a parent absent due to separation, divorce, or death. When both parents are absent, a different family member such as a grandparent, aunt, or uncle may receive ADC on behalf of the child(ren).

An ADC family may receive benefits and services from other assistance programs as well. The household may be eligible for Food Stamps.

All ADC children and adults are eligible for Medicaid coverage. In addition, families may be eligible for subsidized child care to allow adults to participate in Employment First activities.

All ADC adults who are able to must participate in the Employment First program, which provides training, education, work experience, and employment-related activities and supportive services.

ADC adults must also cooperate with child support enforcement efforts as appropriate to remain eligible for assistance. ADC families in which the parent(s) are capable of attaining self-sufficiency are limited to receiving 24 months of cash assistance within a 48-month period.

Families in which the parent is disabled or otherwise found to be incapable of attaining self-sufficiency are not time-limited.

In FY2006, a monthly average of 11,625 families received ADC for total expenditures of \$49,775,371.

Recipient	Monthly Average		
	FY04	FY05	FY06
Families receiving ADC	12,237	11,921	11,625
Persons receiving ADC	31,724	30,915	30,359
Children receiving ADC	22,004	21,633	21,481
Adults receiving ADC	9,719	9,283	8,879
Adults in Employment First	9,040	8,644	7,923
ADC families with no parent in the ADC unit	3,554	3,627	3,696
ADC families with two parents in ADC unit	1,028	982	945
ADC families with one parent in ADC unit	7,655	7,312	6,984
Female-headed one parent ADC families	7,227	6,881	6,571
ADC adults that have never been married	5,637	5,384	5,150
ADC families living in Omaha metro area	6,501	6,272	6,132
Maximum ADC payment for a typical family	\$364	\$364	\$364
Maximum amount of gross monthly income to be eligible for ADC	\$764	\$764	\$790

Child Care Subsidy

HHS provides financial assistance to low-income families with child care expenses (a child care subsidy). The family’s gross income is used to calculate eligibility. Both earned income (for example, wages) and unearned income (for example, child support, Social Security payments, Unemployment Insurance) are counted.

There are two categories of eligibility:

- Transitional Child Care for families transitioning from Aid to Dependent Children (ADC) assistance, and
- Non-Transitional Child Care for families not transitioning from ADC.

To qualify for assistance, the parent or caretaker must need child care because he or she is: employed, attending school or training sessions; going to medical or counseling appointments for herself/himself or another child; or incapacitated (this must be verified by a physician).

Depending on income, a family may owe a monthly fee based on a sliding scale for each child for whom they receive assistance. That fee is paid directly to the child care provider, who then bills HHS for the remainder of the bill.

Transitional Child Care:

If the family received ADC assistance and their income increased because the parent or caretaker started a job or had increased earnings, the family may be eligible for up to 24 consecutive months of Transitional Child Care Subsidy. The family’s gross income must be below 185% of the Federal Poverty Level:

Family Size	2	3	4	5	6	7	8+
Maximum Gross Monthly Income	\$2,037	\$2,560	\$3,084	\$3,609	\$4,133	\$4,656	\$5,182

Non-Transitional Child Care:

If the family has not received ADC assistance within the last six months, they may be eligible for Child Care Subsidy if their gross income is below 120% of the Federal Poverty Level:

Family Size	2	3	4	5	6	7	8+
Maximum Gross Monthly Income	\$1,320.99	\$1,660.99	\$1,999.99	\$2,340.99	\$2,680.99	\$2,769.99	\$3,360.99

There is no limit on the length of time a family can receive non-transitional child care as long as the parent(s) or caretaker(s) is participating in one of the approved activities with the potential to allow the parent/caretaker to no longer need Child Care Subsidy. For instance, self-employed individuals must be able to get to the point of privately paying for child care.

In FY2006, there were 31,307 children served by the Child Care Subsidy, with total expenditures of \$60,035,909.

Child Support Enforcement

The Child Support Enforcement Program helps children obtain financial support from both parents, enables current public assistance recipients to end their reliance on welfare, and helps prevent single parents from entering public assistance.

Child Support Enforcement Services include locating parents; establishing paternity; establishing and modifying a court order for child support; enforcing court orders, medical support, and spousal support only when connected to a child support order; reviewing court orders for possible modification; and working with other states to enforce support when one parent does not live in Nebraska.

By law, the Child Support Enforcement program cannot help with divorce, property settlement, visitation and custody, spousal support (alimony or maintenance) establishment or modification, child care support, or provide legal advice or counsel.

In September 2004, HHS and the Nebraska State Treasurer jointly announced that people could receive child support payments on a debit card instead of a paper state warrant or direct deposit. The card is a Visa® debit card, known as the ReliaCard® and is issued by U.S. Bank®. The ReliaCard is a debit, not a credit, card. Debit card holders can only use the funds that have been deposited onto the card. Court-ordered child support funds are sent to U.S. Bank, where the money is electronically loaded to the card. The ReliaCard can be used to make purchases wherever Visa debit cards are accepted. Cardholders may also withdraw their child support funds at Visa/Plus ATMs or at any bank or credit union that accepts Visa. In FY 2006, U.S. Bank issued 916 new ReliaCards for the Nebraska Child Support Program (97,001 loads were made to active cards during this time period, totaling \$13,289,557).

In FFY2006, \$174,541,970 in child support collections were distributed to IV-D clients. (A IV-D client is someone who applies for services from HHS to collect child support.) This was a 3.8 percent increase over FFY 2005.

Community Services Block Grant

The Community Services Block Grant (CSBG) is a federal, anti-poverty block grant that provides base funding for Nebraska's nine Community Action Agencies (CAA). These nine agencies create, coordinate and deliver programs and services to low-income families in all 93 counties of Nebraska. Some of the programs provided include

- emergency assistance;
- case management;
- youth programs;
- family parenting classes;
- housing services;
- abuse prevention and intervention;
- Head Start,
- Early Head Start and Migrant Head Start;
- and health programs.

Community Action strongly encourages its clientele to become more active community members through volunteerism, and in FY2006, 3,921 clients volunteered in their communities, donating 695,727 volunteer hours.

CSBG also provides discretionary dollars that Nebraska uses to fund the Nebraska Farm Hotline, overseen by the Nebraska Farm Crisis Response Council; Migrant Assistance Program, managed by Panhandle Community Services; Nebraska Fatherhood Initiative, managed by the Nebraska Children and Families Foundation; and Community Action of Nebraska.

Energy Assistance

The Nebraska Low Income Home Energy Assistance Program (LIHEAP) helps those with limited incomes offset the cost of heating and cooling their homes. The program will partially pay the cost of electricity, fuel oil, gas, coal, wood, kerosene, propane, or other fuel sources. Income and resource eligibility criteria must be met. Excluded from the eligibility determination are a home, one car, and personal belongings such as furniture and clothing. The resource limit is \$5,000. Countable resources are cash, checking and savings accounts, time certificates, CDs, stocks, bonds and property other than the home.

A cooling program is available in the summer to households that meet resource and income guidelines. To be eligible, someone in the household must be age 70 or older or have some specific medical condition(s) that make that person susceptible to heat.

In FY2006, approximately 35,500 families received assistance totaling \$12,400,000.

Households and Expenditures

Heating Households	33,135	Heating Payments	\$6,653,423
Heating Crisis Households	9,550	Heating Crisis Payments	\$2,560,349
Cooling Households	5,473	Cooling Payments	\$559,746
Cooling Crisis Households	605	Cooling Crisis Payments	\$210,957
Contingency (funds released by the President to be used for Energy)	33,349	Contingency Payments	\$7,249,200
Weatherization Contract with Energy Contract		Weatherization Funds	\$2,263,647

Food Stamps and Electronic Benefits Transfer

The Food Stamp Program administered through the U.S. Department of Agriculture is available to households that meet the program guidelines for income and resources. HHS staff determine eligibility. A household can be one person or a group of people who purchase and prepare meals together.

Beginning in October 2006, for a household size of 2, the gross monthly income eligibility standard is 130% of the federal poverty level (FPL) or \$1,430. The Food Stamp allowance would be \$284 a month.

Nebraska changed from paper food stamp coupons to an electronic benefits transfer card (EBT) in October 2002. The EBT card works similar to a debit card for purchasing food with food stamp benefits.

HHS staff determines a household’s eligibility to receive food stamp benefits and sets up an account for the household. When a food stamp recipient purchases food, the EBT card deducts the purchase amount from their account. Each day all food stamp purchases are totaled and funds are electronically deposited into the bank accounts of the food retailers. Food stamp benefits are electronically added to the EBT cards during the first five calendar days

each month regardless of weekends or holidays.

In FY2006, the HHS Food Stamp Program received a High Performance Bonus of \$1,063,944 from the U.S. Department of Agriculture (USDA). For 2006, Nebraska had the lowest negative error rate in the nation at 0.20%, which means that more than 99% of applications were denied or closed accurately.

In the month of June 2006, there were 51,541 food stamp households totaling \$10,463,279 in expenditures.



Homeless Assistance

The objective of the Nebraska Homeless Assistance Program (NHAP) is to assist in the immediate alleviation of homelessness by Nebraska citizens using the Department of Housing and Urban Development's (HUD) Emergency Shelter Grant Program (ESGP) funds and the Nebraska Homeless Shelter Assistance Trust Fund (HSATF).

It is recognized that homelessness is not just a lack of shelter; it also involves a variety of unmet needs and underlying economic, physical, and social challenges. Because homelessness encompasses a wide range of conditions, the state strongly supports a collaborative approach to address the needs of people who are homeless.

This approach helps ensure a comprehensive and coordinated housing and service delivery system that includes outreach, intake, and assessments to identify an



Brent Anderson, 9-year-old son of Social Service Worker Elaine Anderson at the HHS Kearney office, took part in a local homeless project to raise both awareness and funds. The project involved building cardboard box homes and displaying them along main street.

individual's or family's service and housing needs. It links them to appropriate housing and/or service resources, emergency shelter and safe, decent alternatives to the streets, transitional housing with supportive services to help people develop the skills necessary for permanent housing and permanent supportive housing.

Seventy grantees across the state receive approximately

\$2,500,000 each year to assist people who are homeless, or at risk of homelessness, to meet their immediate needs, work toward greater self-sufficiency, and secure or maintain appropriate housing.

In FY2006, assistance was provided to 34,143 individuals who were homeless and 54,064 individuals who were at risk of homelessness.

Aid to the Aged, Blind and Disabled (State Supplement to SSI)

The Aid to the Aged, Blind and Disabled (AABD) Program funds payments to aged, blind and physically or mentally disabled persons as a supplement to federal assistance and other income. The program is intended to provide low-income individuals with sufficient income to meet basic needs.

The primary source of cash assistance to these individuals is Supplemental Security Income (SSI), which is a federal means-tested program administered by the Social Security Administration. To be eligible for the program, clients are required to meet the income and resource standards. Those eligible include: persons aged 65 and older; persons who are visually impaired with a visual acuity of less than 20/2000; and persons with a disability who are expected to be unable to engage in any substantial gainful activity for a period of at least one year.

In FY2006, AABD payments totaled \$8,743,336, with an average of 4,061 cases per month.



State Disability Program

The State Disability Program was created by the Nebraska Legislature to meet the subsistence and medical needs of those who have a temporary disability. The program provides cash and medical assistance to

persons whose physical or mental disability is expected to last at least six months but no more than the 12 months required under the Supplemental Security Program.

Cash benefits are based on the same payment standards used by the State Supplement Program, and medical benefits are the same as the Medicaid program. The program is funded with 100 percent State General Funds.

In FY2006, State Disability Program payments totaled \$552,102, with an average of 67 cases per month.

Emergency Assistance

The Emergency Assistance program is designed to provide financial and medical assistance to needy families who have at least one minor child in the home and who are threatened by unforeseen crises, such as disconnection of utilities, imminent eviction from the family home, or lack of food. The Emergency Assistance program provides help through direct payments to landlords or utility companies. Support is also available for home furnishings, moving costs, transportation and medical expenditures.

In FY2006, 2,471 persons received Emergency Assistance totaling \$897,536. The program is funded with 100 percent State General Funds.

Food Distribution Program



The Food Distribution Program coordinates the distribution of USDA commodities to schools, qualifying child care providers, food banks and charitable institutions. In 2006, the Program distributed over 12 million pounds of food, valued at \$8.6 million.

Medicaid Eligibility

The Office of Economic and Family Support administers the Medicaid eligibility regulations and procedures and determines Medicaid eligibility. Nebraska provides Medicaid coverage to children and pregnant women, ADC adults, blind or disabled adults, and the elderly. In FY2006 the following were eligible for Medicaid (average monthly): a) 50,721 persons receiving ADC; b) 18,370 aged individuals; c) 29,682 persons with a physical or mental disability; and d) 129,062 children. On average, 23,701 children were eligible for the State Children’s Health Insurance Program (SCHIP) each month. In addition, the Medicaid program paid Medicare Part B premiums for 24,849 low income persons, who were also eligible for the Medicare Part D Low Income Subsidy.

Protection and Safety

The Department of Health and Human Services (HHS) Protection and Safety system works collaboratively with community service providers, advocates and the legal community to ensure that the abused, neglected, dependent, or delinquent populations it serves are safe from harm or maltreatment in a permanent and caring environment with a stable family, and that communities are safe from harm by delinquent youth.

The HHS Office of Protection and Safety is responsible for addressing the needs of children where abuse or neglect is suspected or adjudicated, who are dependent or voluntarily relinquished, who fall under the Interstate Compact for the Placement of Children and the Interstate Compact for Juveniles, or who come to the agency through the court as juvenile offenders or status offenders. On any given day, the Office of Protection and Safety is working with approximately 7,200 children who are state wards and their families. Because of this public trust and HHS's commitment to these children, the paramount concern is their safety, permanency and well-being, and the safety of communities.

The Office of Protection and Safety's three priority outcomes are:

- Safety – Children are, first and foremost, protected from abuse and neglect and children are safely maintained in their homes whenever possible and appropriate.
- Permanency – Children have permanency and stability in their living situations, and the continuity of family relationships and connections is preserved for families.
- Well-being – Families have enhanced capacity to provide for their children's needs. Children receive adequate services to meet their physical and mental health needs.

No single state agency can accomplish these outcomes alone. Therefore, the HHS Office of Protection and Safety works collaboratively with, and is actively involved with children, youth, families, law enforcement, county attorneys, judges, guardians ad litem, court-appointed special advocates, medical personnel, the Foster Care Review Board, Child

Advocacy Centers, therapists, foster parents, volunteers, group homes and institutional care providers, schools, care providers, advocacy groups and others.

Governor's Initiatives

Governor Dave Heineman has taken an active interest in the safety and permanency of children involved with the Protection and Safety system. In June of 2006, Governor Heineman announced a series of directives designed to improve how Nebraska manages the cases of foster children and other state wards. The directives focus on decreasing the length of time children spend in the system by achieving permanent placements earlier and freeing up resources to allow workers more time to focus on high-priority cases. Those directives are:

- HHS will place a priority on resolving the cases of children between the ages of zero and five. (There were 1,455 such children in Nebraska in June 2006.)
- HHS will place a priority on achieving permanent placements for children who have spent 15 or more of the last 22 months in state care. (Nearly half of the children in Nebraska's child welfare system meet or exceed those parameters.)
- HHS will prioritize the resolution of the approximately 600 cases where children were never removed or have been living safely at home for seven months or more, but have not yet been released from state custody by the judicial system.
- HHS will begin working with Nebraska's K-12 schools to decrease the number of truancy cases referred to the state so front-line workers can focus on protection and safety issues. (In 2005, HHS caseworkers handled more than 750 cases involving truancy, curfew violations, ungovernable youth and runaways.)
- HHS will explore the feasibility of cross-training current workers for a concentrated, coordinated effort to decrease caseloads over a defined period of time.
- HHS will work to build stronger relationships with other partners in the child welfare system to encourage

greater cooperation with Nebraska's courts, county attorneys and law enforcement agencies.

The implementation of these directives showed immediate progress. The number of state wards has steadily declined from an all-time high of 7,803 children in April to 7,212 children by the end of December 2006. HHS identified 1,184 cases involving state wards as high-priority cases impacted by the Governor's directives. In December 2006, 508, or 43 percent, of these cases had been resolved. These 508 cases represent 85 percent of the total number of cases closed since May 2006.

The 1,184 high-priority cases identified by HHS were divided into two groups, the first being children between the ages of zero and five who had spent 15 or more of the last 22 months in state care. Of the 566 cases in this category, 160 (28 percent) of the cases were closed by the end of December. During the last half of 2006, an additional 269 children met these criteria, with 21 (8 percent) of those cases being resolved by the end of the year.

The second group involved 618 children who had never been removed from their homes or had been living safely at home for more than six months, but who had not yet been released from state care by a juvenile court. By the end of December, HHS had successfully resolved 339 (55 percent) of these cases.

There were 613 cases added as high-priority cases for review since the time the Governor first issued his directives. By the end of December, 199, or 32 percent, of these children were no longer state wards.

The Governor also identified the number of youth involved with HHS Protection and Safety for truancy, curfew violations, ungovernable behaviors, and running away as a concern. Protection and Safety staff continue to work with schools, judges, and other partners in workgroups and other types of collaborations to reduce the number of youth entering the HHS System by placing the responsibility for truancy with parents.

HHS evaluated cross-training current employees in other HHSS program areas and former employees no longer with HHS who may be willing to temporarily return to provide training and support to current employees. Potential people were identified, but so far this option has not had to be utilized.

Efforts continue in building stronger relationships with other partners in the child welfare system to encourage greater cooperation with Nebraska's courts, county attorneys, and law enforcement agencies. Between the months of June and December 2006, Protection and Safety staff from across the state had over 500 meetings, conferences and discussions to build stronger relationships with partners and stakeholders to resolve issues and make improvements in the child welfare system.

A major component to building stronger relationships was impacted by the Nebraska Supreme Court. Under the leadership of former Chief Justice John Hendry and continued support from Chief Justice Mike Heavican, Governor Heineman, and Attorney General Jon Bruning, a Nebraska Children's Summit "Improving the Court System for Abuse/Neglect and Foster Care Children" was held in September 2006. The theme was 'Through the Eyes of a Child.' The Summit brought together interdisciplinary teams from across the state, led by judges, to learn and develop local plans that will lead to models of judicial best practice. The teams consist of county attorneys, child welfare staff and child advocates. Many of these teams continue to meet to push forward implementation of best practices in order to better serve children and families.

The Office of Protection and Safety also undertook an initiative with the State Court Administrator's Office to make specific child welfare data available to the judiciary. The Courts are required by state statute to notify out-of-home care providers of upcoming court hearings regarding children in their care. To ensure that the courts have the most up-to-date information, a data exchange was developed between the child welfare computer system and the judicial system.

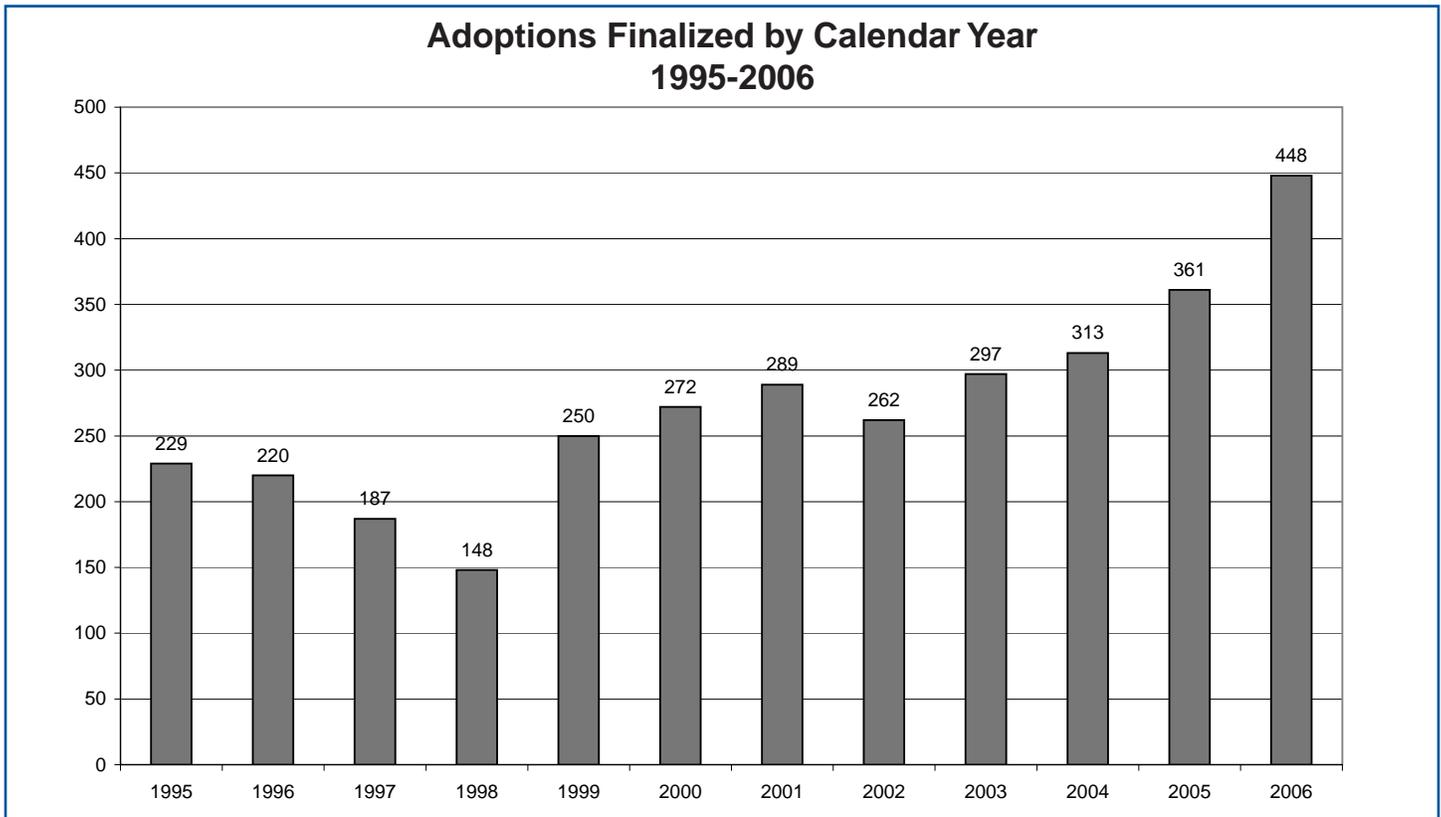
Adoption



The Mulcahy family on "National Adoption Day" in Omaha.

Children available for adoption through HHS have special needs including being older, mostly ages six through 18; having physical, mental or emotional disabilities or problems; minority status; siblings who need to be placed together; and children who are not legally free for adoption and need foster parents who commit to adopting them in the future.

The number of available and waiting children varies, but HHS has about 200 children throughout the year waiting to be placed with an adoptive family, with another 106 children currently placed in adoptive homes. In CY2006, 448 adoptions were finalized.



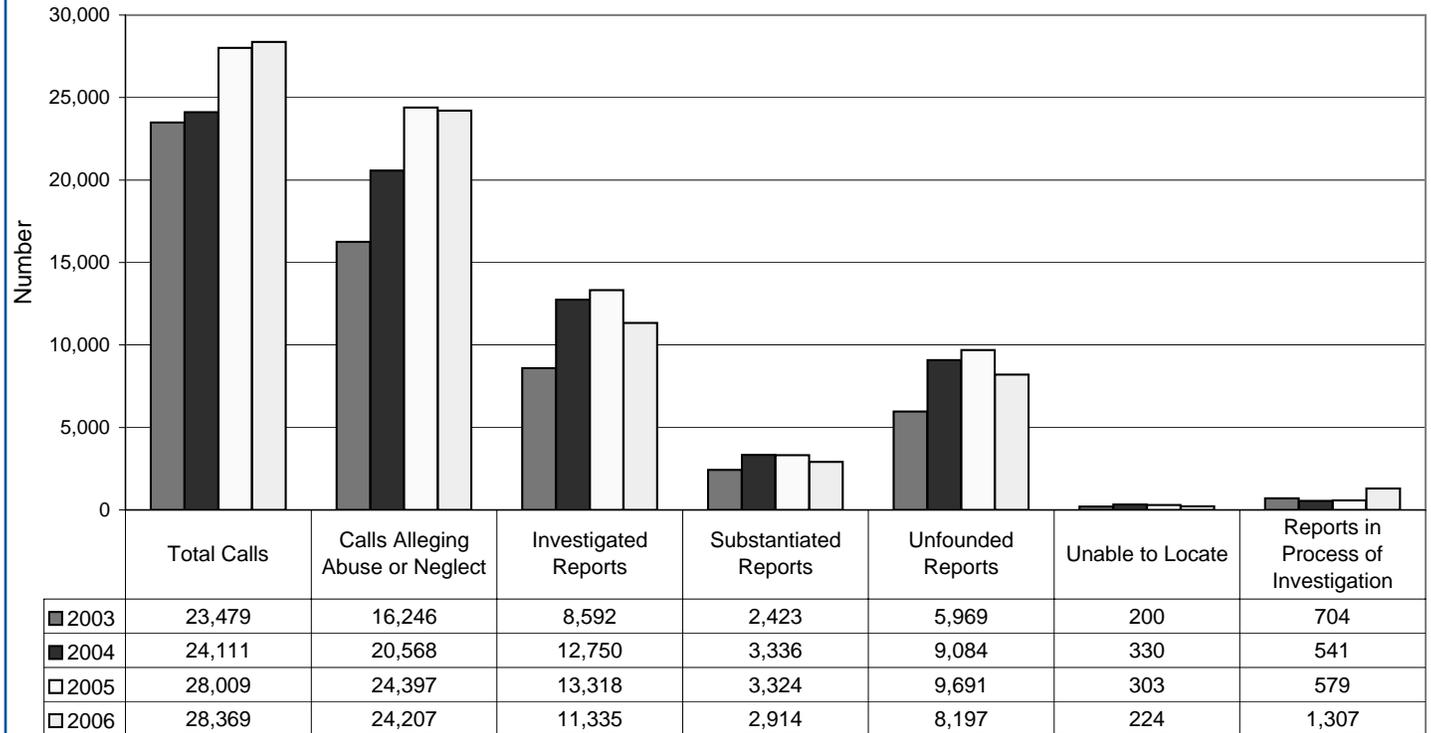
Child Abuse and Neglect

Nebraska law requires anyone who believes that a child has been physically or sexually abused or neglected to report to the HHS Child Abuse and Neglect Hotline at 1-800-652-1999 or to law enforcement. HHS and law enforcement work together on reports involving family members, and law enforcement conducts separate investigations regarding reports of abuse by people not related to the alleged victim.

Only courts and law enforcement have the right to remove a child from a home due to imminent danger to the child.

The chart below shows the number of reports called into the Child Abuse and Neglect Hotline and the outcome of those reports. The chart shows a slight increase in total calls and a small decrease in calls that are alleging abuse/neglect and subsequently investigated. (Cases that are still in the process of investigation, when completed, will increase the number of substantiated, unfounded or unable to locate numbers.)

CHILD ABUSE AND NEGLECT REPORTS CALENDAR YEARS 2003 - 2006



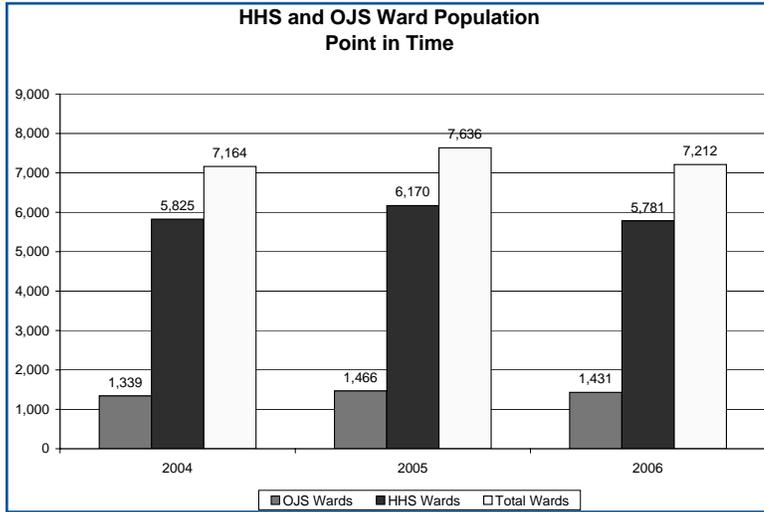
Note: "Substantiated Reports" indicates reports in which a finding of Court Substantiated, Court Pending, or Inconclusive was made.

Children in Out of Home Care

Every child has the right to live in a safe, supportive, stable, and permanent home. Preservation of the family and a permanent home are very important to the well-being of a child. Maintaining the child in the family's home, whenever possible, is prioritized if the child's safety can be assured. When safety cannot be established in the home, out-of-home placement becomes necessary.

Two-thirds of the state wards in Nebraska are in some level of out of home care, including adoptive homes, traditional, relative or agency-based foster homes, group homes, secure facilities, and treatment placements.

The chart below shows the number of children in HHS custody, including delinquent youth in state custody through the Office of Juvenile Services (OJS).



The Office of Protection and Safety is responsible for licensing and approving foster homes for the placement of children. Foster care is designed to be a temporary placement for children when their own families are in crisis and unable to provide for their safety. As of December 2006, there were 2,336 licensed foster homes and 1,819 approved homes in Nebraska.

Juvenile Services

The Office of Juvenile Services (OJS) community-based services and programs are part of the HHS Office of Protection and Safety. OJS is designed to work with youth and their families when a youth has committed a criminal act. The functions of OJS include administration of the Youth Rehabilitation and Treatment Centers (YRTC) in Kearney and Geneva and juvenile community supervision services. Services include: case management, direct supervision of paroled youth from YRTCs and juveniles committed by the courts for direct community or home placement. There is a range of contracted services and programs utilized to meet the supervision and treatment needs of juveniles and their families.

The number of delinquent youth in state custody has decreased slightly since 2005, although there was a 6.8 percent increase in the number of these youth from 2004 to 2006.

There are two juvenile correctional facilities in Nebraska: the Youth Rehabilitation and Treatment Center in Kearney for males and the Youth Rehabilitation and Treatment Center in Geneva for females. Youth placed in the YRTCs are under the age of 18, committed for an indeterminate stay, and must be released on or before their 19th birthday.

State Unit on Aging

The State Unit on Aging is part of the Nebraska Aging Network and is funded by the Older Americans Act, the Nebraska Community Aging Services Act, and state general funds.

The State Unit on Aging grants state and federal funds to eight Area Agencies on Aging to support local programs and services.

Some of the services provided in FY2006 by the Nebraska Aging Network include:

- Personal Care - 21,223 units of service were provided to 460 persons.
- Homemaker - 83,476 units of service were provided to 1,990 persons.
- Chore – 25,095 units of service were provided to 1,806 persons.



- Home Delivered Meals – 831,524 meals were delivered to 7,428 persons.
- Case Management – 43,195 units of service were provided to 8,721 persons. (924 persons would have been eligible for the Medicaid Waiver program if they had not been receiving Case Management Services).
- Congregate Meals – 1,292,249 meals served to 19,518 persons. (The Aging Network supports approximately 214 Senior Centers across the State).
- Nutrition Counseling – 757 counseling sessions held for 543 persons.
- Assisted Transportation – 25,421 trips provided to 560 persons.
- Transportation – 206,544 trips provided to 2,023 persons.
- Legal Assistance – 2,735 units of service provided to 259 persons.
- Nutrition Education – 12,285 persons received nutrition education.
- Information and Assistance – 26,582 contacts were made.
- Outreach – 32,679 contacts were made.

The State Unit on Aging also provides the following:

Senior Employment Program – Part-time paid training opportunities with a goal to prepare older workers for local employment.

Alzheimer’s Grant Project – Consumer-directed support services to caregivers of individuals experiencing Alzheimer’s disease through a grant from the federal Administration on Aging.

Long-Term Care Ombudsman Program – State, regional and local staff and volunteers work with individuals residing in long-term care facilities to resolve resident concerns and complaints. During FY2006, 893 complaints from, and on behalf of, long-term care facility residents were resolved, and 298 community education and staff training sessions were provided.

Nebraska SMP – A statewide project funded by an Administration on Aging grant and coordinated by the State Long-Term Care Ombudsman. Staff and volunteers help individuals identify, report, and prevent possible Medicare or Medicaid fraud, error and waste. During the last six months of 2006, the Nebraska SMP provided 160 community education events reaching over 15,000 people; held 55 media events; and received and resolved 143 complaints of possible fraud resulting in over \$28,000 in documented savings to beneficiaries.

Seniors Farmers’ Market Program – In collaboration with the Department of Agriculture, this program provides eligible older adults with coupons to purchase fresh produce at local farmers’ markets across the state. In FY2006, the program served over 6,919 older adults.

Arthritis Self-Help Management – A partnership with the Nebraska HHSS Arthritis Program and the Nebraska Chapter of the Arthritis Foundation, this program trains individuals to become leaders in the Arthritis Foundation Exercise Program and the Arthritis Foundation Self-Help Program. These programs are currently being offered through select senior centers across the state.

Diabetic Retinopathy – Funded through a Healthy Vision grant, the State Unit on Aging collaborated with the HHSS Diabetes program to heighten awareness about the importance of eye care for older adults with diabetes and on the principles of good diabetes management.

The State Unit on Aging has also accomplished the following significant activities in 2006:

Nebraska Caregiver Coalition – The 22-member coalition was one of 20 nation wide selected to participate in the “Building Sustainable Care-giving Coalitions.”

Governor’s Conference on Aging – The 22nd Governor’s Conference on Aging was attended by over 260 older Nebraskans and professional staff that work with older adults.

Statewide Volunteer Conference – The sixth Annual Statewide Ombudsman and SMP Volunteer Conference provided training on health care fraud, aging, and advocacy issues and recognized volunteers for their outstanding efforts.

Own Your Future - As part of Nebraska’s Medicaid Reform efforts, Nebraska was selected to participate in the “Own Your Future” campaign, encouraging personal responsibility in planning for future long-term care needs and providing consumers with useful resources, including Nebraska’s Long-Term Care Planning website at www.answers4families.org/lcplanning.

Nebraska Elder Rights Coalition - The Coalition identifies issues of concern to older adults and discusses possible strategies to address or resolve them. Two priority issues were identified: the provision of legal services to older Nebraskans and the protection of vulnerable adults from financial exploitation.

Nebraska Medicare Drug Coalition - SMP staff and volunteers actively participated in a statewide effort to increase public awareness of the Medicare Prescription Drug Program and of Part D-related scams.

Veterans’ Homes

HHSS operates four state Veterans’ Homes in Grand Island, Norfolk, Omaha and Scottsbluff. The Veterans’ Homes are available for all veterans who served on active duty during a designated wartime period and who lived in Nebraska at least two years during their lifetime.

The Veterans’ Homes provide medical, nursing and rehabilitative services ranging from assisted living to skilled nursing care. The independent Board of Inquiry and Review



Employee Amy Schwartz, Physical Therapy Aide, assisting member Sydney Haakenstad, on a machine designed to strengthen and add mobility to legs and arms.

determines eligibility and charges for each applicant. Charges are based on ability to pay.

Veterans must be disabled by reason of service, age or otherwise unable to earn a livelihood; wholly or partially dependent

upon public support; or require care that is only available in a public facility. Spouses, widows and widowers of veterans, and Gold Star mothers and fathers are eligible under similar requirements.

The new 120-bed Eastern Nebraska Veterans’ Home in Bellevue will replace the Thomas Fitzgerald Veterans’ Home in Omaha. Completion is estimated for summer 2007.

Home	Average Daily Census	Total Expenditures
Western Nebraska Veterans Home - Scottsbluff	83	\$5,509,972
Grand Island Veterans Home	239	\$18,540,533
Norfolk Veterans Home	139	\$10,027,133
Thomas Fitzgerald Veterans Home - Omaha	86	\$8,684,493
Total	547	\$42,762,131

II. DEPARTMENT OF HHS REGULATION AND LICENSURE

Overview

The Department of Health and Human Services Regulation and Licensure has programs that address public health issues, with the goal of producing healthy people in healthy communities by carrying out the public health functions of assessment, policy development and assurance.

The Department of Regulation and Licensure credentials health care professionals and facilities and investigates complaints against them. The Department is responsible for specific environmental health duties, such as the regulation of public water supplies, and for investigating outbreaks of infectious diseases. The State Environmental Health Laboratory and the Bioterrorism Response Section are located in this Department.

The agency's activities are grouped into five divisions:

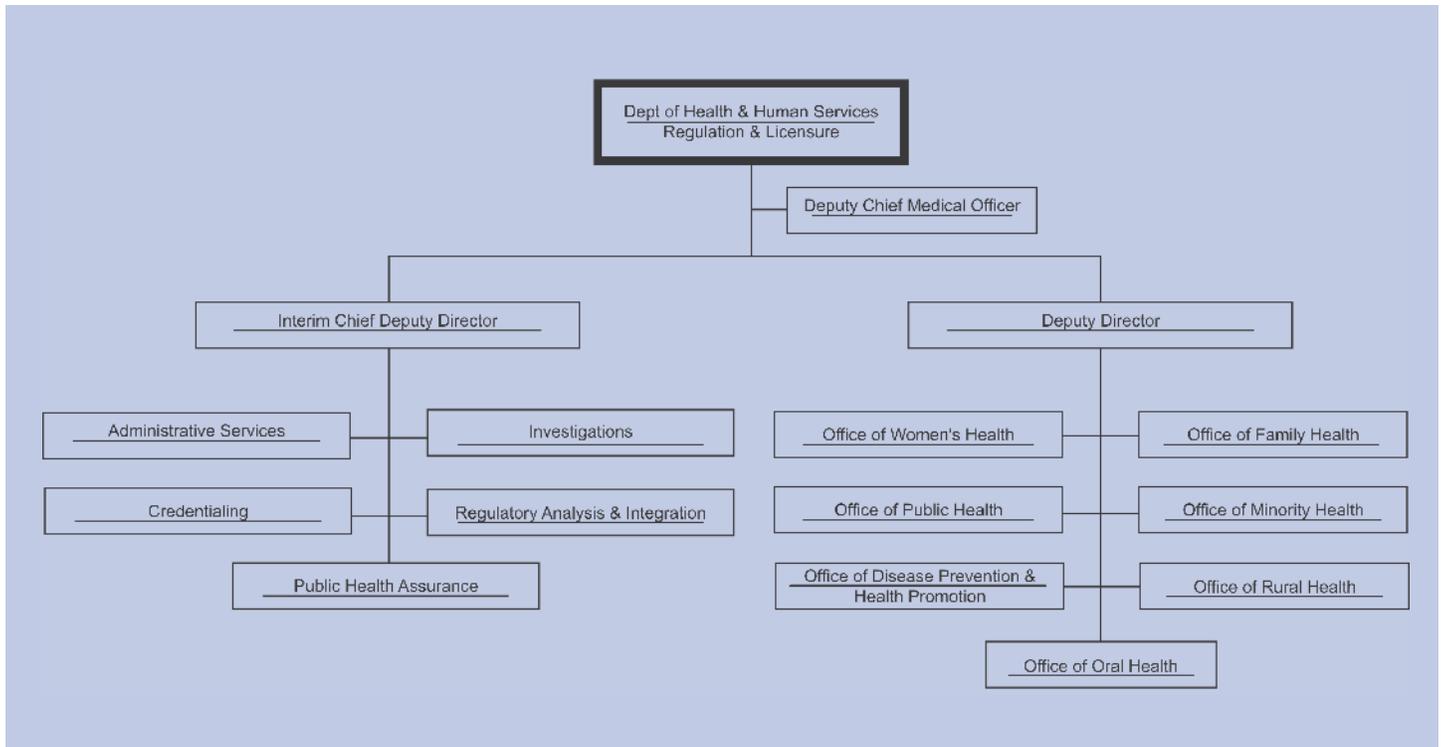
- Administrative Services,
- Credentialing,

- Investigations,
- Public Health Assurance, and
- Regulatory Analysis and Integration.

In addition, the Department contains the Offices of Family Health, Rural Health, Minority Health, Public Health, Disease Prevention and Health Promotion, and Women's Health.

The Regulatory Analysis and Integration Division supports all HHSS programs and services by facilitating a uniform process for developing and revising rules and regulations. Administrative Services provides administrative support to the agency and supports the State Board of Health and the 407 review process.

On June 30, 2006, HHS Regulation and Licensure had 445 full-time equivalent employees. Expenditures for FY2006 were \$60,668,440.



Credentialing

The mission of the Credentialing Division is to protect the public’s health, safety and well-being through the regulation of individuals, facilities and programs.

The Credentialing Division is responsible for four programs:

- Licensing, certification and registration of people who practice certain professions and occupations that provide health care services or health-related services;
- Licensure and certification of health care facilities and services;
- Licensure of child care programs; and
- Certificate of Need, which pertains to expansion or modifications in size or location of beds in nursing homes and rehabilitation hospitals.

Active Licenses in FY 2006	
Professional and Occupations	148,471
Health Care Facilities and Services	5,687
Child Care Programs	4,060
Total	158,218

A major portion of the Division’s activities relate to discipline against the licenses of health professionals and sanctions imposed against health care facilities for non-compliance with regulations and standards.

To keep track of the licenses, certificates and registrations of professionals and entities, the division has a comprehensive License Information System available on the Web at <http://www.hhss.ne.gov/lis/lisindex.htm>. This site displays all licensure information and provides licensure verification online.

Disease Prevention and Health Promotion

This office includes state and federal grants that promote healthy Nebraskans through a comprehensive effort to reduce disease and respond to the health needs of Nebraskans.

Arthritis

Funded by the Centers for Disease Control and Prevention (CDC), this program provides a surveillance system, develops a state arthritis plan, provides education to raise awareness of the impact of arthritis and promotes methods of prevention and control. This program received \$138,293 in FFY2006. Arthritis impacts approximately 350,000 Nebraskans.

Cancer and Smoking Disease Research

One cent for every pack of cigarettes sold in Nebraska goes toward research in cancer or smoking-related diseases. In FY2006, the one-cent tax generated \$569,747. A portion of the tax revenue went to the Eppley Institute for Research at the University of Nebraska Medical Center (UNMC) and the Cancer Registry in HHSS. The remainder went to grants and contracts, with all campuses of the University of Nebraska (including UNMC) and Creighton University competing annually for the funds.

An additional two cents per pack goes to HHSS for cancer and smoking disease-related research, divided exclusively between UNMC and Creighton University. In FY2006 that amounted to \$2.6 million.

Cardiovascular Health

This program promotes healthy lifestyles and environmental conditions and policies that reduce cardiovascular disease in Nebraska. The emphasis is on disease prevention and control, and focuses on the risk factors of high blood pressure, high cholesterol, tobacco use, physical inactivity, and poor nutrition.

The program works with local public health departments, communities, worksites, faith organizations, schools, health care systems, voluntary organizations, state agencies, and other HHSS programs. The largest single effort has been the ARF (All Recreate on Fridays) program which encourages middle-school-age children to become physically active as often as possible, but at least on Fridays. There are over 22,000 Nebraska children participating in this program.

The Cardiovascular program is federally funded by the CDC and received \$505,302 in FFY2006.

Comprehensive Cancer Control

Nebraska C.A.R.E.S. (Cancer Awareness, Research, Education and Service) is a statewide partnership initiated in October 2004 comprised of 249 individuals representing more than 125 groups and organizations. These partners developed and are implementing parts of the State Cancer Plan. The Nebraska C.A.R.E.S. goals are: a) to reduce cancer through prevention, screening and early detection; b) to improve access to appropriate treatment and palliative care; and c) to provide education in collaboration with Nebraska's 15 cancer centers, local public health departments, advocacy groups, other governmental agencies, professional associations, health care and social services providers, faith organizations, cancer survivors, other HHSS programs, and other individuals and entities.

The program is funded by a grant from the CDC and received \$299,333 in FFY2006.

Diabetes

The Nebraska Diabetes Prevention and Control Program develops, implements and evaluates a systems-based diabetes prevention and control program to deliver a broad range of public health activities and educational efforts to reduce death, disability, and costs related to diabetes and its complications. This program works with local health departments, communities, health systems, faith-based organizations, worksites, voluntary organizations, health care providers, state agencies,

other HHSS programs, and other groups and individuals. Approximately 82,000 Nebraskans have diagnosed diabetes and 243,000 Nebraskans between the age of 40-75 have pre-diabetes.

The program received \$347,036 in FFY2006 from the CDC.

Hepatitis Prevention

This program's comprehensive approach aids in preventing the spread of viral hepatitis and limits the complications of viral hepatitis-related chronic liver diseases within Nebraska. The primary focus is education and awareness in both the medical professional setting and the general public.

The program received \$76,656 in FFY2006 from the CDC.

HIV/AIDS Prevention

This program's mission is to lower HIV infection, illness and death rates for Nebraskans and to create an environment of leadership and partnership which fosters HIV prevention and the provision of services. The program received \$1.4 million in federal funds for these activities:

- Health education and risk reduction with seven community-based agencies providing 11 specific HIV prevention interventions. Four community-based agencies provided five short-term intervention projects.
- Counseling, testing, referral/partner counseling and referral with confidential and anonymous HIV counseling and testing services. Approximately 4,077 tests were completed in CY2006 at over 80 sites. (During that year there were 33 new cases of HIV infection in Nebraska.)
- Public information and education campaigns including a comprehensive media campaign designed by UNL students themed "Risk is NOT Knowing."
- Community planning to identify those at risk and determine prevention activities.

In addition, the Housing Opportunities for Persons with AIDS (HOPWA) Program provides housing and

supportive services for people living with HIV and AIDS. The Nebraska AIDS Project serves as project sponsor. From June 1, 2004 to May 31, 2006, the HOPWA Program served 206 clients statewide. This program received \$429,660 in FFY2006.

The Ryan White Program provides eligible individuals living with HIV and AIDS access to care and support services. From April 1, 2005 to March 31, 2006, the program served 315 clients by providing medications for the treatment of HIV/AIDS through a subgrant with UNMC. There were 166 clients who received direct emergency assistance in the form of housing, transportation, utilities, food, and insurance premium payment assistance. Another 565 clients received case management services through a subgrant with the Nebraska AIDS Project. The program receives \$1.8 million a year, of which \$1.3 million is dedicated to medications.

Injury Prevention

The Injury Prevention Program targets the prevention of death and disability due to the leading causes of injury. These include falls, traffic-related injuries, fire and burns, poisoning, and suicide. The program conducts injury surveillance, using various data sources such as uniform hospital discharge data, trauma center data, death statistics, Department of Roads data, Behavioral Risk Factor Surveillance System data, and Youth Risk Behavior Survey data. These data are shared with Safe Kids Coalitions and chapters, local health departments and organizations, and other interested groups.

A highlight in 2006 was the development of "Recommendations for Suicide Prevention." This was a product of the Injury Prevention Symposium which involved a variety of stakeholders. The State Suicide Prevention Workgroup is addressing the recommendations.

The Safe Kids Nebraska program consists of coalitions and chapters across the state that provide education and training to their communities on injury prevention for children 14 and under. Safe Kids programs exist locally in Grand Island, Hastings, Lincoln, Kearney, O'Neil, Superior, Gering, Seward, York, Ogallala and Papillion.

Most programs cover surrounding counties as well. Safe Kids covers the areas of traffic incidents, falls, bike safety, choking, sports safety, fire and burns, and drowning. The state program provides local groups with various grant opportunities to address these major areas of unintentional injury as well as educational materials.

A highlight of the program is the Safe Kids Buckle Up initiative. Since its inception in 1999, there has been a 32 percent increase in the use of child safety seats, to 88 percent in 2006. Also, with the increase in child safety seat use there has been a reduction in injuries to children under the age of six. The fall-related injury prevention program is in its third year with projects being conducted in most of the local Safe Kids coverage areas. Projects conducted include safety in the home, playground safety and bike safety.

In FFY2006, the program received \$224,760 in federal funds from the CDC.

Organ and Tissue Donor Awareness

This program assists organizations such as the Organ and Tissue Donor Task Force of Nebraska, Inc., to promote organ and tissue donation through educational information. Nebraskans can donate \$1 of their drivers' license fee for statewide public information programs on organ and tissue donation. The amount collected in FY2006 for this awareness campaign was \$80,000.

Preventive Health & Health Services Block Grant

This block grant focuses attention on Nebraska's key public health priorities and helps achieve state and national health objectives. The \$1.6 million granted in FFY2006 by the CDC supported 27 projects operated by HHSS and local health departments. Results reported for the year included:

- Improved blood sugar control and self-management skills among 821 primarily minority and low-income

people with diabetes;

- Maintained quality emergency medical services (EMS) across the state through training of 2,294 certified EMS providers;
- Supported six fall prevention activities with Safe Kids organizations, checked 7,840 child safety seats, trained 120 new law enforcement recruits, distributed special needs safety seats to six hospitals, certified 100 new Child Passenger Safety Technicians and updated the skills of 150 previously certified technicians;
- Provided sexual assault prevention education to 34,308 people and provided direct rape crisis services to 12,997 people;
- Organized community and youth activities to prevent underage alcohol use and drunk driving injury and fatality;
- Subsidized the cost of laboratory testing for HIV (4,085 tests), chlamydia/gonorrhea (17,307 tests), and syphilis (4,829 tests);
- Promoted healthy eating and regular physical activity among adults and children by providing technical assistance and training; expanded the All Recreate on Fridays (ARF) Movement to reach 25,287 students during the 2005-2006 school year; presented “Nutrition Mission” to 915 elementary students; and promoted walking programs in partnership with two multi-county district health departments;
- Monitored health status and program progress by maintaining health data bases, conducting surveys, and analyzing and reporting health data;
- Participated in strategic planning; provided education and training to the staff of local and tribal health departments; and supported development of health improvement plans and public health law review;
- Facilitated worksite wellness resulting in 38 businesses receiving Well Workplace designation and thousands of participants in wellness events;
- Facilitated training in compliance with Culturally and

Linguistically Appropriate Standards (CLAS), sponsored the Annual Minority Health Conference; monitored 18 Minority Health Initiative Grants; provided health services to 624 Hispanic individuals; obtained smoke-free pledges from 2,600 minority adults, provided self-management training to 140 minority children with asthma and their parents, and provided case management to 85 pregnant Hispanic women;

- Performed inspections of 181 public places for compliance with the Nebraska Clean Indoor Air Act, achieving an 85-percent compliance rate.

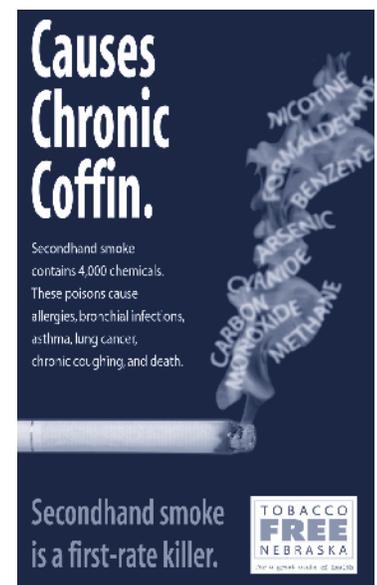
Renal Disease

This state funded program provides financial assistance for low-income persons on dialysis or with kidney transplants. Persons must be residents of Nebraska, diagnosed as having irreversible renal failure, and although not eligible for Medicaid, meet income guidelines. In FY2006, 445 patients were served at a total cost of \$824,565. This includes payment for limited dialysis services and pharmacy expenses.

Tobacco Free Nebraska

This comprehensive program targets youth prevention, tobacco cessation, the elimination of secondhand smoke exposure and the elimination of disparities related to tobacco use and its effects among different population groups. Some highlights from 2006 include:

- 1) launching of the statewide quitline – which provides adult Nebraskans with



One of the posters from the smoking cessation public awareness campaigns.

free telephone counseling to help them quit the use of tobacco products;

2) dissemination of the Nebraska Tobacco Data and Trends Report which provides detailed information on tobacco use rates and a variety of other tobacco-related data;

3) the Tobacco Free Nebraska (TFN) Program convened three meetings to develop a Tobacco Disparities Plan to guide the implementation of activities and strategies to decrease tobacco use and secondhand smoke exposure among those at most risk;

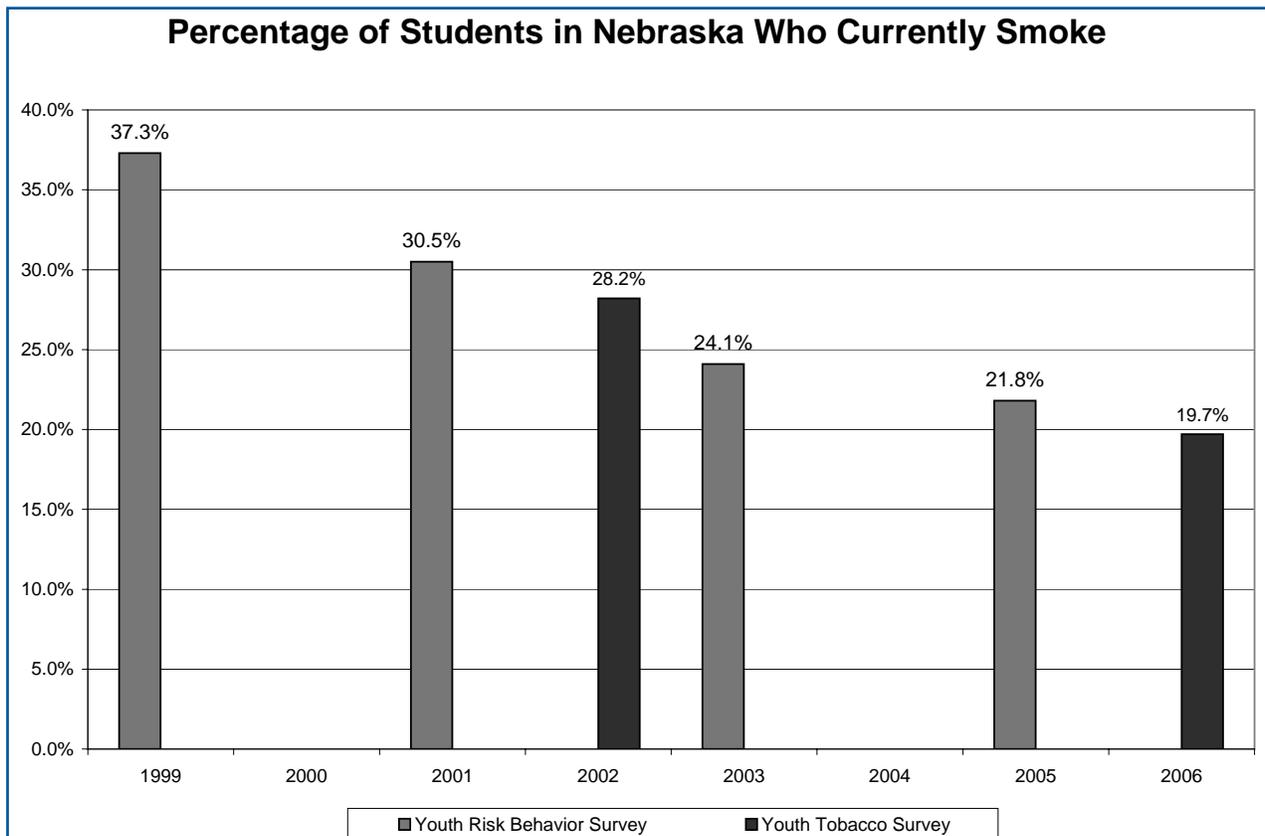
4) four “Cost of Tobacco” forums were held in communities across the state to share information on best practice policy approaches to control tobacco, cancer and cardiovascular disease. These forums were done in partnership with the American Cancer Society and the American Heart Association;

5) a No Limits Youth Advocacy and Empowerment Summit was held in November 2006 to engage and educate youth on the tactics of the tobacco industry and strategies on how to engage fellow youth in tobacco prevention efforts; and

6) continued statewide media efforts to educate the public on the dangers of secondhand smoke, to promote tobacco cessation and to discourage youth from using tobacco products.

According to the Youth Risk Behavior Survey, youth who smoked cigarettes in the past 30 days steadily increased from 29 percent in 1991 to 39 percent in 1997. Following that upward trend, the figure decreased to approximately 22 percent in 2005, due in part to Congress passing the Tobacco Master Settlement in 1999.

The Tobacco Free Nebraska program was funded by \$1,381,169 in federal funds, \$401,000 in state funds, and \$2,560,000 from tobacco settlement funds.



Family Health

The Office of Family Health promotes the health of women, children and families with funding primarily from federal categorical grants and the Title V Maternal and Child Health (MCH) Services Block Grant.

Immunization

The Immunization Program assures immunizations are available for children statewide through a network of public immunization clinics and private physicians enrolled in the Vaccines for Children Program. Vaccine is provided by the federal Centers for Disease Control and Prevention (CDC). The program received federal funds of \$8,650,267 in FFY2006. State general funds provided \$415,384 for additional vaccine.

Immunization records for approximately 350,000 clients who use the public immunization clinics are stored in an Immunization Information System. The system analyzes the records and recommends the immunizations needed to complete the series, issues reminder/recall cards for future visits, accounts for vaccine used and issues reports. According to the 2005 CDC National Immunization Survey, Nebraska ranked 2nd in the nation for the immunization of two-year-olds for diphtheria, tetanus and pertussis; polio; measles, mumps and rubella; haemophilus influenzae type b; varicella; and hepatitis B. In 2005, 85.3 percent of Nebraska's two-year-olds were immunized compared to 74.1 percent nationally.

Maternal and Child Health Epidemiology

The Child Death Review Team (CDRT) reviews existing information regarding all deaths of children newborn through age 17 in Nebraska. The purpose of the CDRT includes developing an understanding of the number and causes of child death and advising on actions that might prevent future deaths. These reviews show the top causes of death to be pregnancy-related conditions (28%), birth defects (24%) and motor vehicle crashes (13%). Child death rates were 16 percent lower in 2004 than when reviews began in 1993.

The Pregnancy Risk Assessment Monitoring System project (PRAMS) improves the health of mothers and infants by collecting data that are used to reduce adverse outcomes, such as low birth weight, infant mortality and morbidity, and maternal morbidity. PRAMS is an on-going surveillance project of CDC and state health departments. PRAMS provides state-specific data for planning and assessing health programs and for describing maternal experiences that may contribute to maternal and infant health. In 2005, 2,485 mothers were sampled and 1,882 responded to the survey, a 75.7 percent response rate, exceeding the CDC standard of 70 percent.

MCH Planning and Support

This area administers the Title V/Maternal and Child Health (MCH) Services Block Grant, one of the oldest federal funding sources to assure the health of our nation's mothers and children.

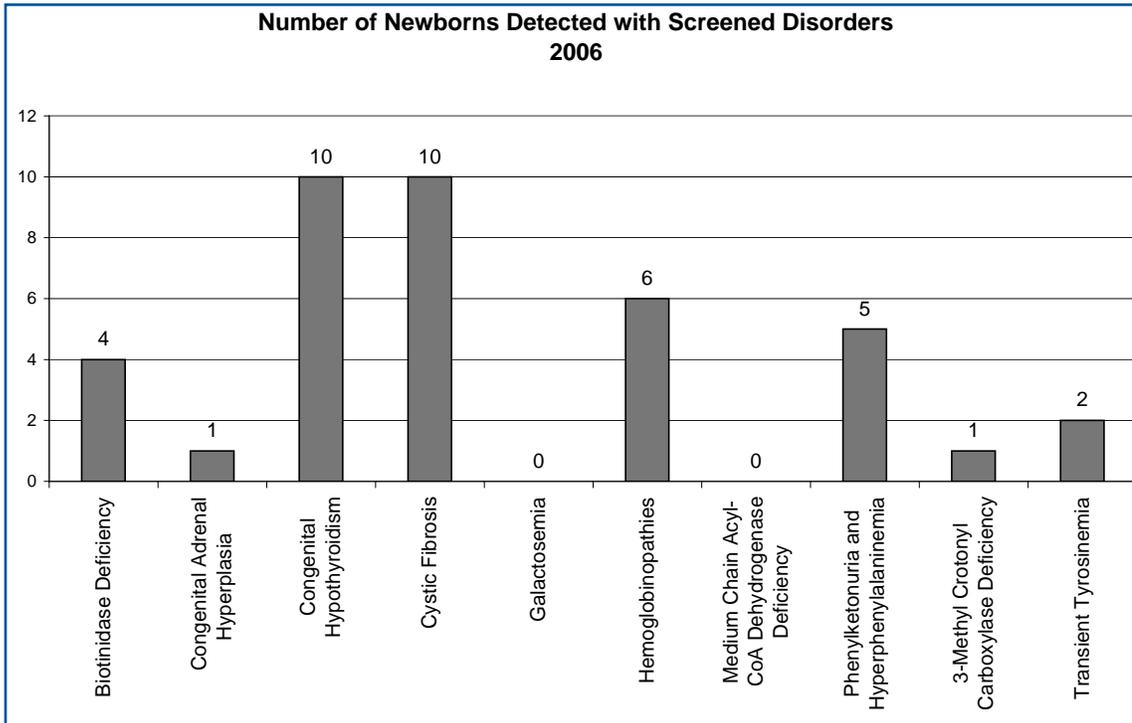
The Department, in administering these funds, is responsible for assuring maternal and child health needs are met, assessing health needs and determining health priorities, and developing systems that build capacity across the state to address priority needs. Specific health needs of the population are identified through a five-year statewide needs assessment. An annual plan to meet those needs is developed and a report is submitted annually on performance measures. States must match three dollars to every four dollars of MCH/ Title V Block Grant funds. The MCH block grant award for FFY2005 was \$4,167,938.

For the most recent reporting year, FFY2005, 20,042 women (3,618 pregnant women and 16,424 other women of child bearing age), 26,288 infants, 33,495 children and 2,278 children with special health care needs were served by community-based and HHSS services funded through the MCH Block Grant.

Newborn Screening

In Nebraska, all newborns are required to be screened for eight conditions and to be offered screening for another approximately 30 disorders via a supplemental panel. With more than 96 percent of parents opting for

the supplemental screen in 2006, 39 babies were spared possible mental retardation, severe illness, physical disability and even death because of early detection and preventive treatment.



The Newborn Screening Program regulates disorders to be screened, contracts for laboratory services and provides follow-up to ensure that babies receive any repeat or confirmatory testing. Fifty-five families received special foods and/or formula through the program in 2006.

Birthing facilities educate parents about hearing screening, including

newborn hearing screening, as part of the standard of care and conduct hearing screenings for at least 95 percent of the newborns born in Nebraska. In 2005, 26,179 newborns (99 percent of newborns) were screened, 908 were referred for additional testing, and 34 were identified with a hearing loss and entered into treatment and educational programs.

Nutrition Programs

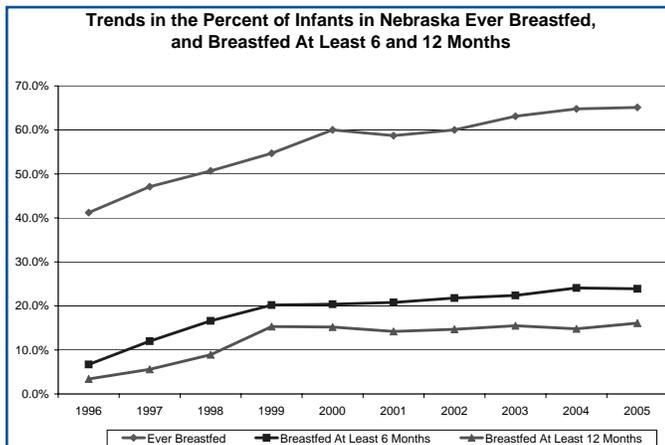
The Commodity Supplemental Food Program (CSFP) is a U.S. Department of Agriculture (USDA) program that provides foods to infants up to the 12th month of age, children from age one up to the sixth birthday, women who are pregnant, breastfeeding and/or who have had a baby within the past year, and seniors 60 years or older. CSFP distributes surplus foods at 69 sites serving all 93 counties.

In FFY2006, approximately \$2.4 million in food from the USDA was distributed. CSFP served 12,000 seniors and 1,138 women and children monthly.

Special Supplemental Nutrition Program for Women, Infants and Children

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutrition and health information, nutritious foods, promotion and support for breastfeeding, and referrals to other services for low and moderate income women who are pregnant, postpartum or breastfeeding and for children up to the age of five. In FFY2006, WIC served an average of 40,773 participants per month.

The WIC Program has launched a new initiative provided through earmarked funding by the USDA – the Loving Support Breastfeeding Peer Counseling Program. This peer counseling project, combined with the on-going breastfeeding promotion efforts in WIC, has the potential to significantly increase the number of women participating in WIC who choose to breastfeed their infants. Peer counseling programs have been effective in helping women to breastfeed for a longer time. In Nebraska, breastfeeding rates have steadily increased as shown in the chart of breastfeeding trends from the WIC Pediatric Nutrition Surveillance System. In 2005, the Breastfeeding Peer Counseling Program was available at the Central District Health Department WIC clinic in Grand Island and in 2006 was added in Lincoln at the Family Service WIC Program and in Chadron at the Western Community Health Resources WIC Program.



Perinatal, Child & Adolescent Health

In 2006, this area was funded by the Title V/MCH Block Grant, the State Maternal and Child Health Early Childhood Comprehensive Systems Grant, the Abstinence Education Grant, and the State Grants for Perinatal Depression. These programs strive to improve the health of Nebraska’s women, infants, and families by promoting healthy behaviors for women and children from the preconception period through adolescence.

One of the services is the Healthy Mothers/Healthy Babies Helpline, which is available 24 hours a day at 1-800-862-1889 to anyone who is pregnant or planning a baby, new parents, or those who need help finding medical, financial, emotional, and other health-related assistance. Spanish-speaking clients can call the National Hispanic Prenatal Hotline at 1-800-504-7081. During 2006, approximately 205 persons utilized the helpline.

Reproductive Health

The Nebraska Reproductive Health Program (NRHP) administers the Federal Title X Family Planning Services Grant awarded by the Office of Population Affairs. The funding for the federal fiscal year beginning July 1, 2006 was \$1,759,399.

The broad focus of the Nebraska Reproductive Health Program is to:

- Promote responsible behavior, the well-being of families, and healthy babies;
- Reduce maternal and infant mortality, child abuse, and sexually transmitted diseases; and
- Encourage women and their partners to maintain healthy bodies and plan healthy spacing of pregnancies while decreasing the risk of birth defects and preterm labor.

The NRHP supported 10 delegate agencies and four special projects statewide during the 2006 calendar year. The agencies provided education and comprehensive medical services to 40,045 unduplicated clients in 2006. Title X Family Planning services are provided on a sliding fee scale based on income and ability to pay. During the 2006 calendar year, 16,657 clients met the criteria and were served with no charge for medical care or prescriptions.

Investigations

The Investigations Division investigates licensed or certified health care professionals and professionals in related fields. It also conducts investigations into incidents of unlicensed practice and prelicensure investigations. The Division checks for compliance with provisions of the Uniform Licensing Law, with rules and regulations governing professional practice, and with the Uniform Controlled Substances Act. In FY2006, 2,041 complaints against health care professionals were received. Of these, 948 were investigated.

Special Investigations conducts investigations of recipient fraud in Medicaid, Energy Assistance, Assistance to the Aged, Blind and Disabled (AABD), Temporary Assistance to Needy Families (TANF), Social Services Block Grants (Title XX), and the Food Stamp Program. This unit also investigates child care fraud (recipient and provider) and disabled/family support and respite programs fraud, as well as internal (employee) fraud. In FY2006, 1,758 referrals were received. Of these, 1,317 were opened for investigation.

Program Evaluation and Review conducts assessments of the accuracy of food stamp and Medicaid determinations and the accuracy and timeliness of processing of child support determinations. In FY2006, assessments were conducted on 1,500 food stamp cases, 794 Medicaid cases and 917 child support cases.

Minority Health

The Office of Minority Health (OMH) represents and advances the interests of people of color for the purpose of reducing the disparity that exists between the health status of racial/ethnic minorities and non-minorities in Nebraska.

HHSS has a Central Office of Minority Health, one satellite office in Congressional District 2 in Omaha, and two satellite offices in Congressional District 3 in Lexington and Gering.

Key activities of the Office of Minority Health are to:

- Partner with other HHSS programs to ensure that policies and activities reflect cultural sensitivity and support diversity;

- Provide an annual assessment of cultural competence for state, local and community partner agencies and organizations;
- Distribute \$1.6 million annually to local community agencies and organizations to expand or enhance health service delivery to Nebraska's racial and ethnic minority populations;
- Develop a status report on the health of Nebraska's racial and ethnic minority populations every four years;
- Hold a yearly conference to increase awareness of health disparities among racial and ethnic minorities and share strategies to equalize health outcomes and eliminate health disparities; and
- Distribute \$500,000 to the health centers of the four federally recognized tribes and the Chadron Native American Health Center.

OMH ensures compliance with Culturally and Linguistically Appropriate Standards (CLAS) by providing training and assessment of federal mandates for recipients of federal funding. OMH also works with tribal nations and committees in eliminating health disparities as well as with refugees and newly arriving immigrant populations.

Public Health

The Office of Public Health strengthens the public health system in Nebraska by improving collaboration and working effectively with local public health departments and other community-based public health organizations. The major activities include:

- Managing and monitoring the funds distributed to local public health departments under the Nebraska Health Care Funding Act and the Bioterrorism Grant from the Centers for Disease Control and Prevention (CDC). The Office works with local health departments so that funds are used effectively to improve the health of the population and to protect the public from potential health hazards.

- Providing technical assistance to local public health departments in planning, policy and program development, and evaluation.
- Organizing a statewide public health coalition to revise the Turning Point Public Health Improvement Plan.
- Staffing and coordinating the activities of the Public Health Law Team, which develops recommendations for changing public health laws and regulations at the state level.
- Working with the University of Nebraska Medical Center and the Public Health Association of Nebraska to strengthen the Public Health Leadership Institute and develop other public health education activities.
- Managing the State Planning Grant Project and providing staff support to the Nebraska Health Insurance Policy Coalition. The coalition develops state policy options for reducing the number of uninsured and strengthening the health care safety net.
- Working with the Office of Rural Health to manage the Medicare Rural Hospital Flexibility Grant and the Small Rural Hospital Improvement Grant to help support the state’s 65 Critical Access Hospitals.
- Managing substance abuse prevention grants, including the State Incentive Cooperative Agreement (SICA) and the Strategic Prevention Framework State Incentive Grant (SPF SIG). These grant programs provide funding for a select number of community-based coalitions to implement evidence-based strategies and policies to reduce substance abuse.

Public Health Assurance

Public Health Assurance is responsible for environmental health programs, investigations of disease outbreaks, emergency medical services, and data collection. Specific programs include:

Asbestos Control

The Asbestos Control program regulates individuals,

contractors and trainers that make up the state’s asbestos industry. In Nebraska there are approximately 22 licensed abatement contractors, 705 certified individuals and six approved training providers. These persons inspect projects for compliance with regulations.

Bioterrorism Response

The Bioterrorism Response program participates with other agencies in drills and exercises to test the state’s capacity to respond to bioterroristic threats. Funding from the federal Centers for Disease Control and Prevention and the Health Resources and Services Administration has helped fund: a) local health departments across the state to increase surveillance and diagnostic capacities; b) the Health Alert Network to reach health care providers in a crisis; and c) crucial laboratory equipment at UNMC and in regional laboratories in rural Nebraska. The funding has also been used to help establish a ten-bed biocontainment unit at the University of Nebraska Medical Center (UNMC) and to provide support to local medical response systems. The Program has worked with the East Central District Health Department on a project to identify the needs of special populations so that these can be included in planning efforts. HHSS is a member of the state’s Homeland Security Policy Group, which coordinates the state’s response to potential incidents of bioterrorism.

Communicable Disease

The Communicable Disease program is responsible for the investigation of disease outbreaks, including foodborne illness, sexually transmitted diseases and other communicable diseases. Certain diseases and conditions are required by rules and regulations to be reported to the Department of Regulation and Licensure, including measles, tuberculosis, whooping cough, and rubella.

Emergency Medical Services

The Emergency Medical Services (EMS) Program provides system development, technical support, training and support services to implement provisions of the Nebraska Emergency Medical Services Act and the Statewide Trauma Systems Act to enhance patient care.

Specific activities include:

- Subsidizing initial training and providing continuing education training and funding for Emergency Medical Technicians (EMTs), paramedics and first responders. There are over 8,000 statewide pre-hospital providers and 424 licensed ambulance services, of which over 80 percent are volunteer providers. In FY2006, the EMS program provided 493 continuing education classes to 11,681 pre-hospital providers and subsidized initial tuition training costs to 304 pre-hospital providers.
- Coordinating the development of the EMS Trauma System. This includes a network of health care providers designed to provide coordination of personnel, equipment and facilities in a way that makes emergency medical care and trauma care available 24 hours a day. There are currently 27 trauma centers in Nebraska, projected to increase to 40 by the end of fiscal year 2007.
- Providing technical assistance to hospitals to prepare for trauma designation and assist with funding for training of physicians and nurses to deliver consistent trauma services statewide.
- Providing funding to hospitals, especially in rural communities, to provide advanced emergency medical care training for physicians and nurses. A total of 122 trainings were provided to 423 providers in FY2006.
- Coordinating the Statewide Critical Incident Stress Management (CISM) Program. This program provides crisis support to emergency responders. It is designed to assist emergency providers to cope with stressful events and assist communities in retaining members in their emergency service programs. There are over 400 volunteer CISM team members.
- Administering the \$150,501 Rural Access to Emergency Devices Grant Program, which provided 63 automatic external defibrillators to 30 community partnerships in fiscal year 2006.
- Providing technical assistance to ambulance service providers in system development, business planning and establishing billing systems. This service is especially helpful to volunteer services in helping them cover the costs of operations.

- Coordinate the Statewide Emergency Medical Services for Children Program. This program provides specialized training in pediatric emergency care and prevention to pre-hospital providers, physicians and hospital personnel. In FY2006, a total of 250 pediatric trainings were provided to 3,431 providers. Specialized pediatric emergency kits were provided to 320 ambulance and first responder services in Nebraska through a partnership grant program with the Nebraska/Iowa Kiwanis Foundation, International Kiwanis Foundation and the Iowa Department of Health Emergency Medical Services for Children Program.

Environmental Health Services

The Environmental Health Services section performs a variety of functions intended to ensure the public's health and safety.

Environmental Health Laboratory

In 2006, the Environmental Health Laboratory performed 68,391 environmental tests and 2,420 blood alcohol tests for law enforcement agencies. The lab also performed 39,648 environmental tests from public water systems for contaminants such as e.coli, nitrate, lead/copper and pesticides and 20,424 tests for the Nebraska Department of Environmental Quality.

Indoor Air Quality

The Indoor Air Quality Program provides information and recommendations to achieve a healthy living and working environment. The program provides information on secondhand smoke, the Nebraska Clean Indoor Air Act, carbon dioxide, carbon monoxide, mold, formaldehyde and mercury spills.

Lead-Based Paint

The Lead-Based Paint Program regulates individuals, firms and training providers in the business of the removal of lead-based paint in homes and child care facilities. In Nebraska, there are 23 lead-based paint abatement contractors and consulting firms.

Public Water Supplies

The Environmental Health Services Section oversees public water systems in order to assure safe drinking water. In CY2006, the Monitoring and Compliance Program issued 484 violations, 50 administrative orders, 13 exemptions and 29 bilateral compliance agreements. The Engineering Services Program received 164 projects, approved 84 projects and inspected 151. Field personnel conducted 411 sanitary surveys of public water systems and identified 912 deficiencies.

Radon

In Nebraska, approximately 55 percent of homes tested have high radon levels. The Radon Program works to ensure the public's health by increasing public awareness and by administration of a licensing program for radon measurement and mitigation businesses and individuals. There were 20 radon mitigation businesses, 7 laboratories and 44 measurement businesses in Nebraska in 2006.

Risk Assessment

Staff in the Risk Assessment Program provide risk assessment, toxicological consultation, reports and calculations associated with exposure to environmental contaminants. Risk-based calculations and national guidelines are utilized to develop clean-up levels for spills and limits for chemical contaminants found in the environment to ensure the protection of the public's health.

Sanitation

In 2006, the Sanitation Program, in partnership with local jurisdictions, licensed and inspected 1,211 swimming pools and spas, 543 mobile home parks and 58 recreation parks. In addition, the program inspected 722 schools twice a year for food safety, 65 summer food programs and 171 senior centers for food safety, and 136 child care centers for sanitation and food safety.

Water Well Standards

The Water Well Standards Program ensures the public's health by protecting ground water resources from potential pollution by providing proper siting and construction of wells and proper decommissioning of

wells. In 2006, the program reviewed 2,194 water well registrations and conducted 2,093 water well inspections, found 124 violations and issued 3 enforcement actions.

Well and Septic Program

The Environmental Health Services Section conducts water and sewage evaluations of private water wells and sewage systems for home loan approvals. In 2006, it conducted 262 inspections. It also provides direct domestic water well and sewage system assistance to any system owner upon request.

Rural Health

The Office of Rural Health assists rural communities to develop, and rural residents to obtain, high quality health care. It works to develop a comprehensive rural health policy to guide the development of programs and action plans to improve rural health care with other state agencies' efforts in the area of rural development and human service delivery, and works with the Rural Health Advisory Commission on the state's incentive programs for health care professionals.

The Office of Rural Health is responsible for the following programs:

- The Nebraska Rural Health Professional Incentive Act provides financial assistance to certain health professional students and licensed health professionals serving the shortage areas of Nebraska. In 2006, 22 student loans were awarded, totaling \$323,750.
- The Nebraska Loan Repayment Program recruits and retains health professionals. Between 1994, when the program began, and November 2006, 296 health professionals have participated in this program.
- The Rural Health Advisory Commission assists in analyzing, determining, and fulfilling rural health care manpower needs in the state.
- The Primary Care Office improves access to primary care services and strengthens the state's infrastructure to provide integrated primary and preventive care.
- The Office of Rural Health provides technical assistance for critical access hospitals and certified rural health clinics.

- The Office also provides some technical assistance for Electronic Health Information Systems development in rural areas.

Women's Health

The Office of Women's Health helps improve the health of women of all ages in Nebraska by fostering the development of a comprehensive system of coordinated services, policy development, advocacy, and education.

Current programs and initiatives include:

- Every Woman Matters is a federally funded program to screen for breast and cervical cancer, cardiovascular disease, and diabetes. The program provides preventive health check-ups for women 40 through 64 years of age who qualify financially and have limited or no health insurance. Of new clients this year, 84 percent reported having no insurance.

Over 700 health care clinics, mammography facilities, and laboratories provide services for Every Woman Matters clients across the state.

Since its inception, the Every Woman Matters program has screened more than 42,000 women and diagnosed 529 breast cancers and 43 invasive cervical cancers. The WISEWOMAN component, which screens for cardiovascular disease and diabetes, has screened over 12,000 women and diagnosed 1,268 new cases of hypertension, 1,260 new cases of high cholesterol, and 292 new cases of diabetes.

The program continues to partner with the University of Nebraska Cooperative Extension to offer the ABCs for Good Health classes, a four-week series of lifestyle intervention sessions on nutrition and physical activity. Eligible clients may choose to receive self-study lifestyle materials on those topics.

- The Nebraska Colon Cancer Program is a new program funded by the CDC. In September of 2005, Nebraska received one of five demonstration grants to provide colon cancer screening to eligible women and men. Nebraska's program is a partnership between Every Woman Matters and the Comprehensive Cancer Control Program.

Eligibility guidelines are the same as those for the Every Woman Matters program. CDC requires

completion of a health history to determine whether clients are best screened by fecal occult blood testing, colonoscopy, referral to genetic counseling, and/or referral to the person's primary care practitioner. Over 1,000 persons have enrolled in this program.

- New Dimensions of Health created the first Nebraska Women's Health Plan and action steps for its implementation. Three community organizations were funded to develop local plans for integrated, comprehensive women's health services.
- Bright Futures for Nebraska Women and Girls is a community-based physical activity initiative for preteen girls and women.

Three local health departments were funded to organize a scorecard campaign to encourage physical activity partnerships. These campaigns make their communities more "physical activity friendly" by offering a variety of free and reduced-price physical activity opportunities. Participants keep track of their activities and turn in scorecards for incentives.

- Walking packets were provided to over 1,200 women under a partnership with Blue Cross Blue Shield of Nebraska during Women's Week in 2006. These packets included pedometers, Mother's Day cards, journals to record healthy activities, and educational materials on walking.
- The twelfth annual Women's Health Symposium was held in Lincoln during Women's Health Week of 2006. A total of 382 persons attended to hear speakers on the theme, "Healthy Living and Stress: Keeping the Balance." Free health screenings were also offered.

During the Symposium, Dr. Joann Schaefer released the first Nebraska Women's Health Report Card, developed by the Women's Health Advisory Council. The report card focused on chronic diseases and their risk factors.

- The Heart Truth is a program from the National Heart, Lung, and Blood Institute designed to raise awareness of heart disease in women. The Office of Women's Health funded five mini-grant projects to promote education and awareness of heart disease prevention in women. Funded organizations included local health departments, a community action agency, and a tribe.

III. DEPARTMENT OF HHS FINANCE AND SUPPORT

Overview

The Department of Health and Human Services Finance and Support provides administrative and financial support to the entire HHS System. In addition, the agency includes program administration for the state's Medicaid program, home and community based services for the elderly and persons with disabilities, respite and adult protective services.

The organization chart illustrates the administrative structure of HHS Finance and Support, with Policy Cabinet oversight shared by the Director of HHS Finance and Support and the Policy Secretary.

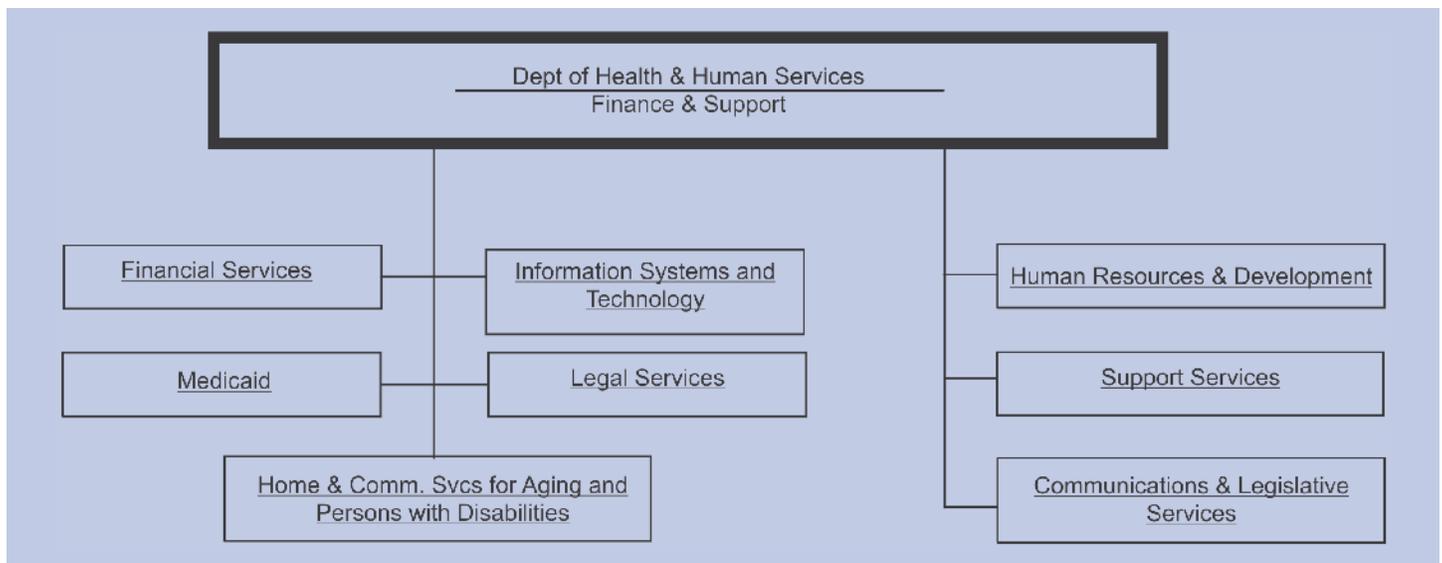
The agency has eight divisions. Six of these provide administrative support activities to the Policy Cabinet and all HHSS programs and services:

- Communications and Legislative Services includes public information, media relations, legislative coordination, Webmaster responsibilities, and the System Advocate who responds to questions, concerns, and complaints related to the agencies, services, and programs within HHSS.
- Financial Services includes all accounting activities, budget administration, claims processing, audit activities, strategic and financial planning, financial and program analysis, research and performance measurement, and revenue collection.
- Human Resources and Development includes

employee recruitment and selection, labor relations, classification and compensation, equity and diversity, organizational development, employee training, career development, supervisory support, human resource analysis and planning, and payroll processing.

- Information Systems and Technology includes applications development and maintenance, data processing operations, project management, and planning and analysis activities.
- Legal Services provides legal advice, representation and legal hearings.
- Support Services includes records management, forms distribution, vital statistics, vital records, material management facilities and engineering, and administrative support services. The Issuance and Collections Center (ICC) monitors and collects overpayments within the Food Stamp, Aid to the Aged, Blind and Disabled, Aid to Dependent Children, Child Care, and Child and Family Services Programs. The ICC is responsible for auditing child care facilities to assure state funds are billed and/or paid only for services rendered. Total collections for FY2006 were \$3,051,832.

On June 30, 2006, HHS Finance and Support had 627 full-time equivalent employees. Expenditures for FY2006 totaled \$2,087,924,836 – 93 percent of which was for aid or assistance to individuals, including Medicaid.



Home and Community Services for Aging and Persons with Disabilities

This division administers non-institutional, home-based and community-based services for individuals qualified for federal Medicaid waivers; the aged, adults and children with disabilities; and infants and toddlers with special needs.

Adult Protective Services

Adult Protective Services (APS) provides for the prevention, correction, or discontinuance of abuse, neglect or exploitation of a vulnerable adult, using the least restrictive alternative and promoting self-care and independent living.

Services available include:

- Receiving and investigating reports of alleged abuse/neglect;
- Services Coordination/Case Management;
- Developing Social Service Plans;
- Arranging for services, such as: medical care, mental health care, legal services, financial management, housing, and home health care;
- Arranging for items, such as food, clothing, shelter, and supervision; and
- Arranging or coordinating services for caregivers.

The most commonly investigated abuse involved financial exploitation, and the most commonly investigated self-neglect involved medical neglect.

Aged & Disabled Medicaid Waiver

Using home-and-community-based services to reduce the utilization and high costs of nursing homes for the elderly, adults and children with disabilities resulted in a reduction in nursing home days for Medicaid clients with disabilities and expansion of services delivered through the Medicaid Aged and Disabled Waiver.

To be eligible for this waiver, persons must meet the criteria for nursing facility level of care and be eligible for Medicaid. The average cost of waiver services funded by Medicaid must not exceed the average cost to Medicaid for nursing facility services.

A collaboration between Assistive Technology Partnership, the Department of Education, and HHSS offers clients assistive devices or home modifications to increase their independence and safety while remaining in their home and communities. Equipment is recycled so in many cases there is no cost to Medicaid to meet the client's needs.



Many of Nebraska's nursing facilities have converted beds to assisted living facilities so clients could live in an independent setting in their own living units. In FY2005, 211 assisted living facilities were

certified as waiver providers to offer this choice to clients.

For FY2005, expenditures totaled \$55,637,832. Of this, payments to assisted living facilities for waiver clients totaled \$23,902,221. The remaining \$31,735,611 funded services to consumers in their homes. In-home services may include chore, home-delivered meals, transportation, adult day care, respite care, child care for children with disabilities, independent skills management, assistive technologies, and personal emergency response systems.

Each month, an average of 3,938 Nebraskans chose to receive Waiver services to help them remain in their homes, rather than the more costly option of nursing facility care.

Disabled Persons and Family Support

The Disabled Persons and Family Support (DPFS) program provides assistance to individuals of all ages. The program assists people with disabilities to remain employed, to maximize their independence, and to remain in their homes with their families. Eligible individuals may receive funding for services such as attendant/personal care, home health care, housekeeping, transportation, special equipment or home modifications. In FY2006, approximately 367 persons received assistance each month through the DPFS program at an annual cost of \$769,141.

Early Intervention Services (Birth to Age 3)

Early Intervention provides services coordination for infants and toddlers, birth to age 3, with a disability and their families. The program is administered through a co-lead arrangement between HHSS and the Department of Education. HHSS contracts with 29 agencies statewide to provide early intervention services to infants and toddlers who are verified as eligible through special education criteria.

In FY2006, Services Coordinators served 5,482 infants and toddlers at a cost of \$4,312,038.

Home Health Services and Private Duty Nursing Services

Home health is skilled nursing and aide services provided through home health agencies and private duty nurses.

Service Type	Clients	Expenditures
Home Health Agencies	5,534	\$13,446,950
Private Duty Nurses	248	\$6,049,462
Total	5,782	\$19,496,412

Hospice

Hospice is a service that may be requested by Medicaid recipients whose condition is considered terminal and who select comfort care, and pain and symptom management rather than curative treatment.

Hospice services include: nursing, social work, medications, aide services, medical equipment and supplies, therapies, pastoral care, and volunteer services. In FY2005, Nebraska Medicaid added hospice services for end-of-life care. As a new service, approximately 30 hospice agencies were enrolled as Medicaid providers.

During FY2006, 1,331 clients received hospice services throughout the state. In addition, room and board payments were made for nursing facility residents eligible for Medicaid and receiving hospice through another source, such as through their Medicare benefits. The total cost for hospice services in FY2006 was \$9,633,426.

Medically Handicapped Children's Program

The Medically Handicapped Children's Program (MHCP) provides family-focused services coordination/case management, specialty medical team evaluations for children in local areas, access to specialty physicians, and payment of treatment services.

Medical teams review diagnosis and provide a treatment plan for the following conditions:

- Craniofacial conditions, including cleft lip/palate and other defects
- Cystic Fibrosis
- Diabetes/Juvenile Diabetes
- Severe and/or congenital heart conditions
- Midline neurological defects, including spina bifida and hydrocephalus
- Neuromuscular conditions, including cerebral palsy and other conditions with similar symptoms

In FY2006, the MHCP served 1,232 children through 120 sponsored clinics across the state at a cost of \$2,017,443.

Nebraska Lifespan Respite Subsidy

The Respite Subsidy Program Across the Lifespan offers a maximum of \$125 per month to help families with loved ones of all ages who have special needs to pay for respite care. Families choose their own providers, decide how much to pay, and set their own schedules. This program can help only those families who do not receive respite services from any other governmental program.

In FY2006, the Respite Subsidy Program served 806 persons; as of June 30, 2006, 522 persons were currently being served. In FY2006, a total of \$737,270 provided respite for Nebraska families, helping to keep people in their home and with families rather than in an institution.

Nebraska Respite Network

Respite services provide short-term relief to primary caregivers of ongoing care for an individual with special needs. The Statewide Nebraska Respite Network maintains and coordinates information regarding respite resources. The statewide network includes:

- Eastern Area – Partnership in Aging
- Southeast Area – YWCA of Lincoln
- Central Area – Central Nebraska Community Services
- Northern Area – Central Nebraska Community Services
- Southwest Area – West Central District Health Department
- Panhandle – Panhandle Partnership for Health and Human Services

In Nebraska, the Respite Network is responsible for recruiting and offering training to respite providers and caregivers, providing information and referral regarding respite resources/services, marketing the availability and need for respite, and matching families with appropriate respite providers.

The Nebraska Respite Network currently has 1,198 respite providers with annual expenditures of \$558,000. An average of 500 contacts are made each month with potential providers and families needing respite services.

Personal Assistance Services

Personal assistance services are provided to persons with disabilities and chronic conditions of all ages. Medicaid covers personal assistance services, based on individual needs and criteria determined through a written assessment process. The services supplement the client's own personal abilities and resources and help them remain in their home and avoid hospital or nursing facility placement.

In FY2006, an average of 1,034 Nebraskans received Personal Assistance Services each month through the Medicaid program, at a total cost of \$10,536,638.

School Outreach Services

Schools and Educational Service Units (ESUs) provide early periodic screening, diagnosis, and treatment (EPSDT), administrative outreach and case management to aid in assuring the availability, accessibility and coordination of required health care resources to Medicaid-eligible children and their families residing within each school district's boundaries.

In FY2005, \$20,000,000 in federal funds was reimbursed to schools and ESUs for these services.

Social Services Block Grant

The Social Services Block Grant (SSBG) provides services that enable adults with disabilities and elderly persons to remain in their homes and communities, rather than living in an institution. HHSS local staff assess the needs of clients, authorize services, and recruit, certify and authorize providers after appropriate screenings.

SSBG services include: chore services, adult day care, home-delivered and congregate meals, respite services, and transportation.

In state FY2006, 6,404 average monthly eligible individuals were served statewide through the Social Services Block Grant. The annual cost for this program was \$7,259,408.

Medicaid

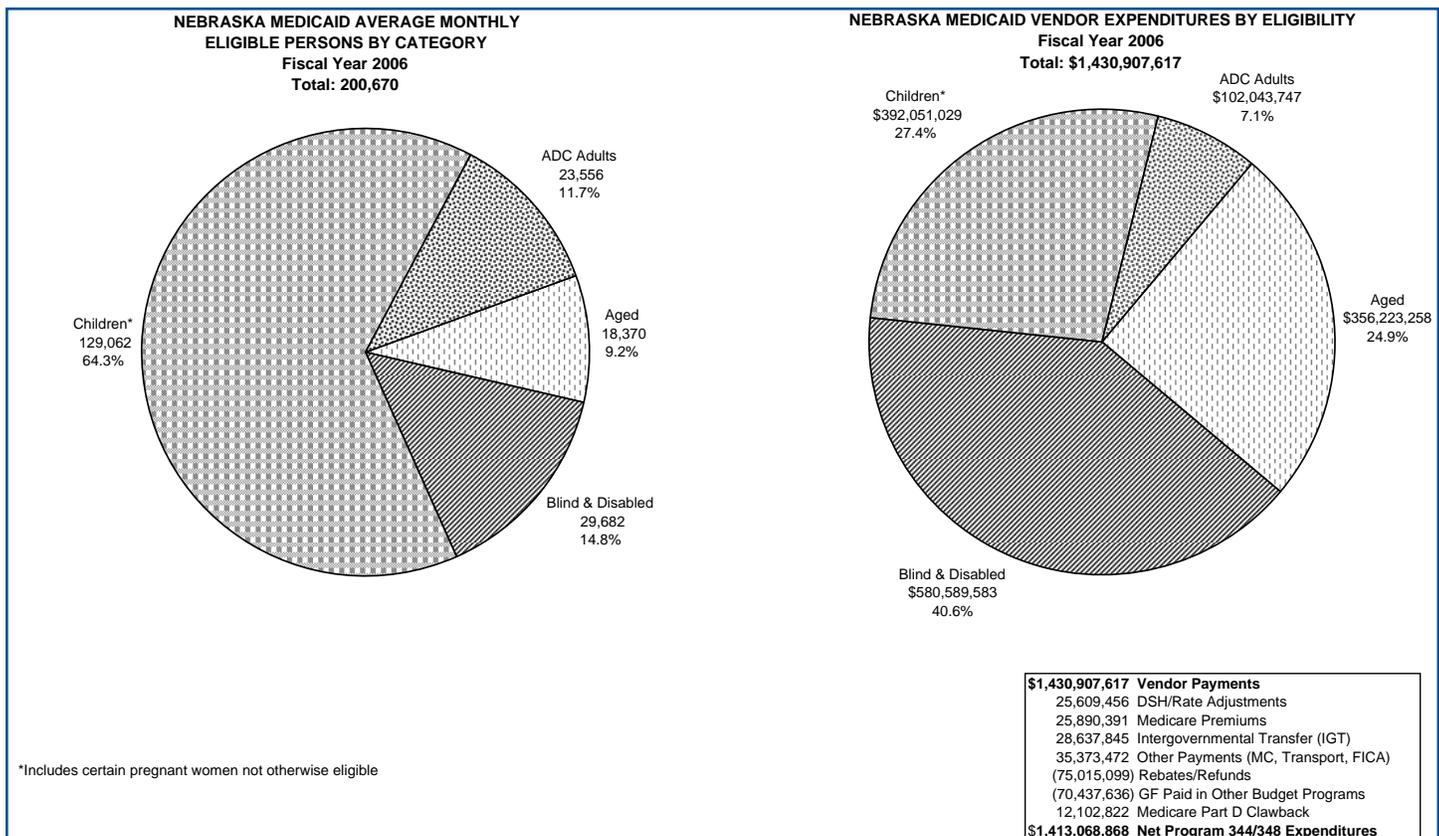
Medicaid is a joint federal and state program that funds health care services for eligible low-income seniors and people who have disabilities. Medicaid is also an insurance-like program for eligible low-income pregnant women, children and some parents. Medicaid provides health care for more than one in every 10 Nebraskans. State and federal expenditures for the Medicaid program in FY2006 were \$1.4 billion.

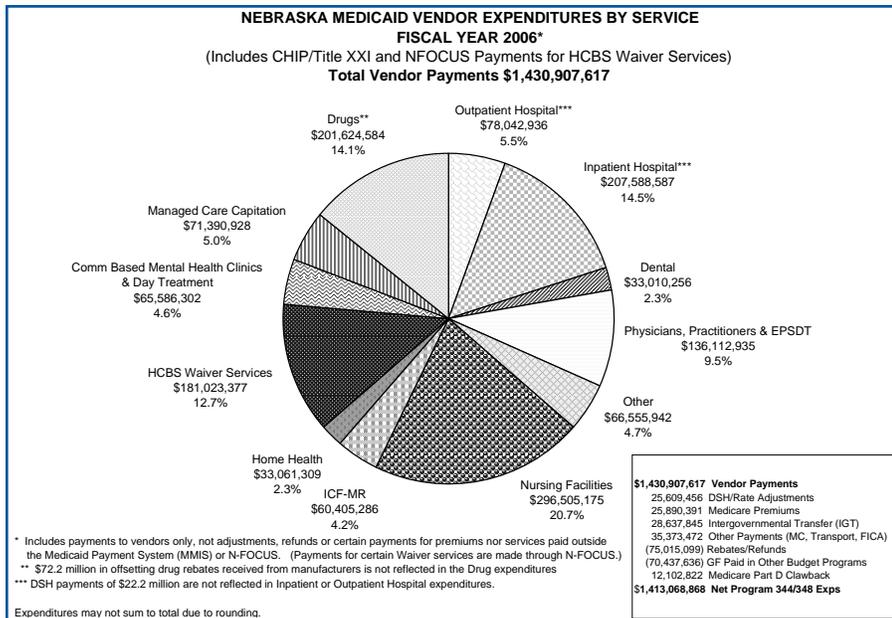
Eligibility

All states participating in the Medicaid Program are mandated to extend coverage to certain populations who meet eligibility requirements. Nebraska provides Medicaid coverage to children and pregnant women, adults receiving Aid to Dependent Children (ADC), blind or disabled individuals, and the elderly.

Below are the average monthly eligible individuals and total expenditures for the Medicaid Program for FY2006.

	Individuals	Percent of Individuals	Expenditures	Percent of Expenditures
Children and pregnant women	129,062	64.3%	\$392,051,029	27.4%
ADC adults	23,556	11.7%	\$102,043,747	7.1%
Blind or disabled individuals	29,682	14.8%	\$580,589,583	40.6%
The elderly	18,370	9.2%	\$356,223,258	24.9%
Total	200,670	100%	\$1,430,907,617	100%





Services

States are required to cover specific mandatory services and can elect to cover additional optional services that also qualify for federal matching funds. States are also allowed to expand services to encompass non-medical health-related services through a waiver process. The Nebraska Medicaid Program offers 26 medical services and six home- and community-based waiver programs. All services, except for certain screening services, must be medically necessary.

Federal Medicaid Mandatory and Optional Services Covered in Nebraska

Mandatory Services

- Nursing facility services for individuals aged 21 or older
- Inpatient hospital services (other than Institutions for Mental Diseases)
- Physician’s services
- Outpatient hospital services and rural health clinic services
- Home health services
- Laboratory and X-ray services
- Early and periodic screening, diagnosis and treatment (EPSDT)
- Medical supplies
- Family planning services and supplies
- Nurse practitioner services
- Medical and surgical services of a dentist
- Nurse-midwife services

Nebraska Optional Services

- Prescribed drugs
- Home and community-based services (HCBS) for persons with mental retardation (MR/DD)
- Intermediate care facilities for persons with mental retardation (ICF-MR)
- HCBS for older adults and persons with disabilities
- Dental Services
- Rehabilitation services
- Case management for persons with mental retardation/developmental disabilities
- Personal care services
- Durable medical equipment
- Medical transportation
- Speech therapy
- Physical and occupational therapy
- Chiropractic services
- Podiatric services
- Optometric services
- Hospice services
- Vision-related services

The largest categories of vendor payments in FY2006 were:

	Expenditure	Percent of Total
Nursing facility	\$296,505,175	20.7%
Inpatient and outpatient hospital	\$285,631,523	20.0%
Prescribed drugs	\$201,624,584	14.1%
HCBS Waiver Services	\$181,023,377	12.7%

Additional non-medical, health-related services are offered through home- and community-based waivers. This allows states to offer a coordinated set of services to individuals wishing to avoid institutionalization or to individuals receiving institutional services and wishing to return to the community. Examples of services that could be provided under a waiver, but not under the regular Medicaid Program, are respite care and habilitation services.

Medicaid Reform

Since the release of the Nebraska Medicaid Reform Plan in December 2005, HHSS has been working to implement the plan’s recommendations to reform the Medicaid program in Nebraska. Work groups have been assigned to address the strategies proposed in the plan. The Reform Plan calls for a variety of outcomes including studies and pilot programs, recommenda-



tions and reports, education and outreach, and administrative or programmatic changes.

In FY2006, the Medicaid program launched two studies that will continue in FY2007. They include research into defined contribution plans, a study of a Preferred Drug List and the use of Pharmacy purchasing pools. Recommendations were made from groups that studied partial month eligibility, residency standards, and alternatives to Medicaid coverage. Educational projects are underway in the areas of mental health pharmacy, long-term care, and public health. Administratively, the capacity of the Aged & Disabled Waiver has been expanded.

The Medicaid program provided regular status reports to HHSS administrators, to the Medicaid Reform Advisory Council, and to the public and other interested parties. Medicaid Reform materials are available on the HHSS website.

APPENDIX

Nebraska Medicaid Average Monthly Eligible Persons By County And Eligibility Category State Fiscal Year 2006

COUNTY/SERVICE AREA	TOTAL*	AGED	BLIND/ DISABLED	ADC ADULTS	ALL CHILDREN
STATE TOTAL	201,665	18,469	29,655	19,798	133,743
ADAMS	3,904	447	674	317	2,466
ANTELOPE	889	142	131	48	567
ARTHUR	45	2	7	5	31
BANNER	56	4	0	1	51
BLAINE	57	3	2	2	49
BOONE	458	104	53	37	263
BOX BUTTE	1,589	203	191	154	1,041
BOYD	266	51	41	6	167
BROWN	399	74	40	18	268
BUFFALO	4,829	433	577	529	3,289
BURT	838	141	165	66	465
BUTLER	735	137	130	55	413
CASS	2,022	198	263	166	1,395
CEDAR	648	118	73	34	423
CHASE	412	80	55	22	255
CHERRY	885	119	98	50	620
CHEYENNE	947	109	158	74	606
CLAY	669	97	91	54	426
COLFAX	1,052	132	68	33	818
CUMING	738	130	92	31	485
CUSTER	1,413	199	204	73	938
DAKOTA	3,035	258	284	222	2,271
DAWES	1,175	108	152	127	788
DAWSON	3,545	298	362	240	2,646
DEUEL	157	24	21	13	99
DIXON	533	75	62	23	372
DODGE	4,338	462	688	403	2,784
DOUGLAS	65,376	3,951	9,566	7,875	43,984
DUNDY	273	61	30	12	170
FILLMORE	702	101	68	43	490
FRANKLIN	358	68	55	29	205
FRONTIER	236	32	26	13	166
FURNAS	685	121	98	54	413
GAGE	2,901	373	863	218	1,447
GARDEN	255	49	34	16	156
GARFIELD	251	48	34	11	157
GOSPER	171	30	18	15	107
GRANT	61	6	6	2	46
GREELEY	275	44	29	14	187
HALL	8,561	558	1,033	788	6,183
HAMILTON	760	94	77	57	531
HARLAN	371	61	58	22	229
HAYES	57	5	7	3	41
HITCHCOCK	383	57	50	27	250
HOLT	1,344	213	223	69	839
HOOKER	60	13	3	2	42
HOWARD	700	86	78	55	482
JEFFERSON	903	192	196	64	451
JOHNSON	459	80	51	28	300
KEARNEY	642	87	137	38	380

Nebraska Medicaid Average Monthly Eligible Persons By County And Eligibility Category State Fiscal Year 2006 continued

COUNTY/SERVICE AREA	TOTAL*	AGED	BLIND/ DISABLED	ADC ADULTS	ALL CHILDREN
KEITH	899	103	146	75	575
KEYA PAHA	81	9	7	2	63
KIMBALL	490	51	63	24	353
KNOX	1,288	260	150	74	803
LANCASTER	26,539	1,978	4,341	2,899	17,321
LINCOLN	4,469	460	825	455	2,730
LOGAN	87	2	12	6	67
LOUP	53	9	8	2	33
MADISON	4,639	456	668	392	3,123
MCPHERSON	27	3	5	5	15
MERRICK	817	109	179	51	478
MORRILL	825	100	114	65	546
NANCE	576	112	134	42	288
NEMAHA	817	120	151	97	449
NUCKOLLS	513	102	91	30	290
OTOE	1,466	209	240	154	863
PAWNEE	315	71	60	14	170
PERKINS	258	42	36	16	165
PHELPS	1,028	157	179	72	619
PIERCE	612	100	82	33	397
PLATTE	2,979	306	404	212	2,059
POLK	415	79	45	33	258
RED WILLOW	1,317	147	238	99	833
RICHARDSON	1,161	221	201	93	646
ROCK	182	27	18	10	126
SALINE	1,306	174	191	76	865
SARPY	7,388	403	878	839	5,268
SAUNDERS	1,594	222	247	132	993
SCOTTS BLUFF	6,530	614	1,008	614	4,295
SEWARD	984	140	185	58	600
SHERIDAN	892	104	83	63	643
SHERMAN	354	71	39	28	216
SIOUX	104	9	6	10	80
STANTON	465	55	50	22	338
THAYER	610	155	106	22	326
THOMAS	50	8	11	3	28
THURSTON	2,227	105	186	277	1,659
VALLEY	549	107	83	32	328
WASHINGTON	1,214	188	166	110	751
WAYNE	659	68	112	63	417
WEBSTER	462	106	107	26	223
WHEELER	81	3	8	1	69
YORK	1,364	172	223	59	909
OUT-OF-STATE	1,568	56	148	153	1,212
WESTERN SERVICE AREA	30,668	3,295	4,427	2,600	20,346
CENTRAL SERVICE AREA	26,644	2,890	3,743	2,231	17,779
NORTHERN SERVICE AREA	25,730	3,251	3,333	1,889	17,258
SOUTHEAST SERVICE AREA	44,292	4,622	7,561	4,212	27,897
EASTERN SERVICE AREA	72,764	4,354	10,444	8,714	49,252

*County totals may not match other tables due to rounding. Note: Because a different source of information was used, the totals in this table may not match other tables and graphs in this report.

Nebraska Medicaid Total Expenditures* By Eligibility By County State Fiscal Year 2006

COUNTY/SERVICE AREA	TOTAL*	AGED	BLIND/ DISABLED	ADC ADULTS	ALL CHILDREN
STATE TOTAL	\$1,429,289,213	\$356,364,344	\$576,785,308	\$107,397,790	\$388,741,771
ADAMS	29,882,395	8,534,643	11,489,591	2,097,688	7,760,473
ANTELOPE	6,144,149	2,337,215	2,116,142	402,060	1,288,732
ARTHUR	110,044	8,941	34,167	25,227	41,709
BANNER	141,386	26,808	0	1,346	113,232
BLAINE	92,131	1,743	13,772	14,325	62,292
BOONE	3,339,233	1,789,859	829,968	257,897	461,510
BOX BUTTE	9,784,961	3,456,948	3,042,561	816,307	2,469,144
BOYD	1,649,554	672,137	508,276	48,947	420,194
BROWN	2,494,731	1,303,255	530,292	113,027	548,156
BUFFALO	33,340,086	8,726,509	10,817,925	2,377,168	11,418,484
BURT	7,695,348	2,547,044	3,356,739	485,960	1,305,605
BUTLER	6,019,508	2,410,910	2,546,449	275,413	786,736
CASS	12,844,206	4,299,477	4,042,374	912,238	3,590,117
CEDAR	4,678,986	2,657,571	1,045,137	135,798	840,480
CHASE	3,420,732	1,881,906	723,520	174,319	640,987
CHERRY	5,411,406	1,693,447	1,934,489	309,607	1,473,863
CHEYENNE	6,845,405	1,746,661	2,710,144	553,318	1,835,283
CLAY	4,928,635	2,029,033	1,642,570	257,368	999,664
COLFAX	5,859,837	2,066,238	1,351,153	274,402	2,168,044
CUMING	5,329,556	2,297,376	1,546,296	225,159	1,260,725
CUSTER	10,891,382	3,907,465	4,018,845	438,838	2,526,233
DAKOTA	19,406,542	3,507,074	5,334,353	1,071,921	9,493,193
DAWES	6,167,755	1,643,837	2,627,094	544,897	1,351,927
DAWSON	18,021,737	5,009,782	6,190,847	1,311,021	5,510,087
DEUEL	1,154,921	595,719	300,932	92,391	165,880
DIXON	3,217,634	1,437,516	804,249	142,007	833,862
DODGE	33,851,034	10,548,781	12,163,291	2,894,599	8,244,362
DOUGLAS	412,839,152	73,540,798	171,090,126	38,767,953	129,440,275
DUNDY	2,003,355	1,280,217	260,412	91,021	371,705
FILLMORE	5,084,424	2,104,544	1,079,069	313,964	1,586,847
FRANKLIN	2,693,046	1,351,544	704,520	198,216	438,767
FRONTIER	1,271,394	608,083	174,365	103,597	385,349
FURNAS	5,054,895	2,235,090	1,653,986	190,622	975,197
GAGE	69,063,688	11,457,608	50,756,619	1,126,718	5,722,744
GARDEN	1,560,553	648,923	516,110	93,378	302,142
GARFIELD	1,946,919	1,159,935	375,985	57,477	353,521
GOSPER	1,017,326	612,947	171,792	59,727	172,861
GRANT	97,064	12,214	12,910	4,077	67,863
GREELEY	1,557,180	780,123	317,804	95,284	363,969
HALL	49,029,228	8,852,026	19,904,608	4,269,840	16,002,754
HAMILTON	4,958,693	2,025,393	1,060,595	350,735	1,521,970
HARLAN	2,764,806	1,133,422	943,821	136,534	551,029
HAYES	251,772	56,307	110,336	8,941	76,188
HITCHCOCK	1,933,707	727,158	634,461	111,811	460,277
HOLT	10,230,701	3,281,511	3,943,104	673,324	2,332,763
HOOVER	438,274	307,180	82,790	4,716	43,588
HOWARD	3,411,661	1,188,852	797,292	311,878	1,113,638
JEFFERSON	7,410,707	3,548,817	2,429,568	330,112	1,102,209
JOHNSON	3,309,438	1,523,170	827,981	263,803	694,484
KEARNEY	10,923,604	2,183,271	7,498,822	178,337	1,063,174

Nebraska Medicaid Total Expenditures* By Eligibility By County State Fiscal Year 2006, continued

COUNTY/SERVICE AREA	TOTAL*	AGED	BLIND/ DISABLED	ADC ADULTS	ALL CHILDREN
KEITH	5,593,988	1,605,285	2,032,798	567,718	1,388,186
KEYA PAHA	262,629	59,179	81,368	10,396	111,687
KIMBALL	3,092,851	840,619	1,112,793	130,664	1,008,775
KNOX	10,057,295	4,680,451	3,253,980	335,810	1,787,053
LANCASTER	205,463,216	44,902,443	87,373,578	16,392,684	56,794,512
LINCOLN	28,442,265	7,293,522	11,331,731	2,874,156	6,942,855
LOGAN	352,630	24,479	154,625	45,292	128,234
LOUP	221,737	63,329	85,042	13,137	60,230
MADISON	31,064,222	8,038,750	12,331,659	2,331,209	8,362,604
MCPHERSON	203,983	45,379	97,102	33,631	27,871
MERRICK	6,262,883	1,815,818	2,613,241	337,338	1,496,486
MORRILL	5,431,714	1,990,955	1,626,671	405,540	1,408,548
NANCE	6,335,018	2,532,508	2,936,144	268,220	598,146
NEMAHA	6,603,232	2,181,659	2,982,391	477,182	962,001
NUCKOLLS	4,667,620	2,020,865	1,597,622	328,173	720,960
OTOE	12,216,288	4,799,917	4,328,119	1,042,811	2,045,440
PAWNEE	2,420,199	1,085,637	851,284	108,847	374,431
PERKINS	2,336,960	1,156,225	641,718	146,281	392,736
PHELPS	8,799,165	3,666,037	3,407,698	325,655	1,399,775
PIERCE	4,482,912	1,854,415	1,633,636	177,380	817,481
PLATTE	17,626,898	4,532,567	6,884,763	1,239,700	4,969,868
POLK	2,915,123	1,680,534	536,933	159,213	538,444
RED WILLOW	9,434,521	2,755,421	3,378,009	846,349	2,454,742
RICHARDSON	8,832,462	3,798,918	3,102,921	582,527	1,348,096
ROCK	1,047,268	383,583	203,391	68,582	391,712
SALINE	11,272,010	4,159,161	3,503,910	416,219	3,192,720
SARPY	45,122,939	7,444,084	18,109,041	4,157,666	15,412,149
SAUNDERS	12,655,420	4,839,482	4,621,720	804,876	2,389,342
SCOTTS BLUFF	37,640,917	9,263,501	15,021,747	3,029,628	10,326,041
SEWARD	11,396,484	4,234,361	4,337,126	420,866	2,404,131
SHERIDAN	4,030,701	1,507,940	1,071,724	214,372	1,236,665
SHERMAN	2,860,593	1,577,969	660,431	261,581	360,611
SIOUX	251,324	33,061	95,126	33,068	90,069
STANTON	2,767,454	1,166,272	618,055	256,107	727,020
THAYER	7,563,856	4,106,833	2,151,985	278,494	1,026,543
THOMAS	261,794	72,299	136,833	10,677	41,984
THURSTON	10,684,295	1,337,067	3,917,945	1,188,339	4,240,943
VALLEY	4,812,743	2,003,449	1,544,285	336,291	928,718
WASHINGTON	10,619,245	4,487,459	3,457,073	824,230	1,850,483
WAYNE	6,709,977	1,294,016	3,758,679	335,696	1,321,586
WEBSTER	4,384,329	2,049,145	1,720,527	142,309	472,349
WHEELER	266,588	74,629	76,375	321	115,263
YORK	16,553,326	3,844,306	6,030,275	447,844	6,230,902
OUT-OF-STATE	13,693,260	1,303,784	4,304,982	995,403	7,089,090
WESTERN SERVICE AREA	\$187,209,168	\$55,440,781	\$68,181,862	\$14,821,668	\$48,764,858
CENTRAL SERVICE AREA	188,695,421	55,145,199	71,291,370	12,528,493	49,730,360
NORTHERN SERVICE AREA	180,105,685	58,511,922	62,305,625	11,772,799	47,515,340
SOUTHEAST SERVICE AREA	401,623,588	104,977,777	181,502,302	24,353,809	90,789,700
EASTERN SERVICE AREA	457,962,091	80,984,882	189,199,167	42,925,618	144,852,424

*County totals may not match other tables due to rounding

** Eligibility categories may not sum to total due to rounding.

Note: Because a different source of information was used the totals in this table may not match other tables and graphs in this report.

Nebraska Aid To Dependent Children Program Average Monthly Recipients* And Total Expenditures State Fiscal Year 2006

County/Service Area	ADC - TOTAL					ADC - UNEMPLOYED PARENT				ADC - REGULAR			
	Families	Children	Persons	Payments	Ave/Fam	Families	Children	Persons	Payments	Families	Children	Persons	Payments
STATE TOTAL*	11,625	21,481	30,359	\$49,775,371	\$356.83	945	2,339	4,234	\$5,686,072	10,679	19,142	26,125	\$44,089,299
ADAMS	185	311	458	779,407	350.45	22	41	85	122,479	163	271	373	656,928
ANTELOPE	17	37	50	81,336	400.67	1	3	6	8,461	16	34	44	72,875
ARTHUR	1	1	2	2,760	328.57	1	1	2	2,760	-	-	-	0
BANNER	1	2	2	2,526	301.40	0	0	1	386	1	1	1	2,140
BLAINE	2	2	4	8,488	363.30	0	1	1	2,610	2	2	2	5,878
BOONE	6	9	13	24,410	334.80	1	2	4	4,805	5	7	10	19,605
BOX BUTTE	83	155	220	340,205	342.60	8	19	34	42,455	75	136	186	297,750
BOYD	6	10	13	21,803	288.78	1	2	3	3,909	5	8	10	17,894
BROWN	2	3	5	7,552	407.22	-	-	-	0	2	3	5	7,552
BUFFALO	242	426	636	1,064,225	367.10	30	73	134	182,604	211	353	502	881,621
BURT	39	70	97	163,959	352.60	5	11	21	29,227	34	59	76	134,732
BUTLER	19	29	45	77,313	340.59	3	5	10	12,291	16	24	36	65,022
CASS	74	126	178	321,442	361.58	8	24	40	58,424	66	102	138	263,018
CEDAR	7	11	16	28,774	334.58	1	3	5	5,437	6	8	11	23,337
CHASE	11	19	26	46,718	356.63	1	2	5	7,120	10	17	21	39,598
CHERRY	24	47	67	115,174	401.30	3	7	13	19,072	21	40	54	96,102
CHEYENNE	27	52	73	121,668	379.03	3	11	17	18,848	24	41	56	102,820
CLAY	20	34	51	93,186	381.91	5	7	17	26,157	16	26	35	67,029
COLFAX	52	92	102	199,338	316.55	1	1	2	4,541	52	91	100	194,797
CUMING	14	28	34	56,793	348.42	1	2	4	6,817	13	26	30	49,976
CUSTER	32	54	74	133,118	343.97	3	6	13	19,884	29	47	61	113,234
DAKOTA	132	238	303	558,453	352.34	6	14	27	41,085	126	224	276	517,368
DAWES	60	112	174	271,106	373.94	13	33	59	75,655	48	79	115	195,451
DAWSON	139	245	314	565,914	339.28	8	18	34	51,309	131	227	280	514,605
DEUEL	5	8	12	22,027	369.17	1	2	4	5,109	4	6	9	16,918
DIXON	11	18	23	42,319	318.53	1	1	2	2,464	11	16	21	39,855
DODGE	199	349	480	833,629	348.94	19	40	78	108,244	180	309	402	725,385
DOUGLAS	5,669	10,591	15,164	24,150,918	355.00	363	914	1,641	2,153,583	5,307	9,677	13,523	21,997,335
DUNDY	5	6	11	20,538	322.35	1	1	4	3,853	4	5	7	16,685
FILLMORE	17	22	30	55,173	270.46	1	2	4	5,236	16	20	26	49,937
FRANKLIN	12	25	38	58,573	398.46	3	6	13	15,784	9	19	25	42,789
FRONTIER	3	5	7	10,422	297.77	1	1	3	2,337	2	4	4	8,085
FURNAS	11	19	25	45,981	356.44	2	6	9	11,319	9	13	16	34,662
GAGE	84	145	206	370,990	370.25	6	14	25	38,615	78	131	180	332,375
GARDEN	5	7	11	20,551	348.32	1	1	2	3,176	4	6	9	17,375
GARFIELD	6	8	11	19,913	294.57	0	1	2	2,007	5	7	9	17,906
GOSPER	4	5	8	12,942	286.33	1	2	4	3,724	3	3	4	9,218
GRANT	1	1	2	2,881	400.14	-	-	-	0	1	1	2	2,881
GREELEY	8	19	25	35,652	379.28	1	2	3	3,502	7	18	23	32,150
HALL	463	864	1,113	1,922,570	346.41	27	76	130	175,150	436	788	983	1,747,420
HAMILTON	23	37	54	90,725	323.07	3	6	12	13,949	21	31	42	76,776
HARLAN	12	21	30	54,456	373.92	2	5	8	11,740	11	16	22	42,716
HAYES	1	1	2	2,623	364.31	-	-	-	0	1	1	2	2,623
HITCHCOCK	6	13	18	29,332	398.17	1	2	4	3,552	5	11	14	25,780
HOLT	32	60	83	136,159	359.26	3	7	12	18,477	29	53	70	117,682
HOOKER	1	2	4	6,043	377.69	-	-	-	2,174	1	2	2	4,302
HOWARD	21	37	52	89,189	355.33	2	7	12	12,239	19	29	40	76,950
JEFFERSON	33	54	76	128,334	327.55	3	9	16	18,860	29	45	60	109,474
JOHNSON	14	23	31	54,092	332.26	1	2	5	5,380	12	20	26	48,712

Nebraska Aid To Dependent Children Program Average Monthly Recipients* And Total Expenditures State Fiscal Year 2006, continued

County/Service Area	ADC - TOTAL					ADC - UNEMPLOYED PARENT				ADC - REGULAR			
	Families	Children	Persons	Payments	Ave/Fam	Families	Children	Persons	Payments	Families	Children	Persons	Payments
KEARNEY	13	25	36	55,650	352.82	1	1	3	4,132	12	24	33	51,518
KEITH	28	47	68	119,100	359.82	4	8	15	21,951	24	39	53	97,149
KEYA PAHA	1	2	3	4,017	273.00	0	0	0	355	1	2	2	3,662
KIMBALL	15	23	32	61,055	334.46	2	3	6	9,851	14	20	26	51,204
KNOX	44	85	111	205,529	393.73	5	12	21	31,923	39	73	90	173,606
LANCASTER	1,488	2,869	4,069	6,628,800	371.13	156	404	718	955,289	1,332	2,465	3,351	5,673,511
LINCOLN	204	342	500	865,691	353.34	21	44	86	115,467	183	298	414	750,224
LOGAN	5	7	10	18,731	315.53	0	-	1	1,318	5	7	9	17,413
LOUP	2	2	3	5,570	309.44	-	-	-	0	2	2	3	5,570
MADISON	206	373	504	883,493	358.12	15	28	58	89,057	190	346	446	794,436
MCPHERSON	0	1	1	652	190.17	0	1	1	652	-	-	-	0
MERRICK	25	44	60	106,272	353.06	2	5	8	12,420	23	39	52	93,852
MORRILL	34	65	92	146,142	359.07	4	11	20	24,706	30	54	72	121,436
NANCE	9	15	23	41,200	391.14	1	2	3	5,389	8	13	20	35,811
NEMAHA	29	52	80	128,248	373.90	6	16	27	36,771	23	37	53	91,477
NUCKOLLS	15	24	34	60,003	335.21	2	3	7	9,530	13	20	27	50,473
OTOE	58	103	140	244,991	350.99	6	10	23	35,102	52	93	117	209,889
PAWNEE	6	13	18	29,811	402.85	0	1	2	2,212	6	12	16	27,599
PERKINS	6	12	15	26,595	353.93	0	0	1	1,092	6	11	13	25,503
PHELPS	43	76	103	177,689	341.71	5	10	20	30,060	39	65	83	147,629
PIERCE	15	29	37	62,331	345.01	1	2	4	3,841	14	27	33	58,490
PLATTE	118	199	259	471,677	333.34	3	7	14	20,736	115	192	245	450,941
POLK	11	17	24	40,635	301.75	1	1	2	2,045	11	16	22	38,590
RED WILLOW	28	51	71	121,730	360.15	2	6	10	12,223	26	45	61	109,507
RICHARDSON	34	62	88	145,588	359.48	5	12	23	32,032	29	50	65	113,556
ROCK	3	4	6	9,852	283.80	0	0	0	146	3	4	6	9,706
SALINE	26	44	60	112,266	363.32	1	3	5	7,303	25	41	54	104,963
SARPY	463	823	1,220	1,959,753	353.05	48	132	229	292,064	414	691	992	1,667,689
SAUNDERS	54	98	132	225,682	348.81	5	16	25	26,758	49	82	107	198,924
SCOTTS BLUFF	326	636	875	1,421,376	363.24	32	82	147	192,308	294	554	728	1,229,068
SEWARD	20	30	48	88,296	374.14	3	4	9	16,425	17	26	39	71,871
SHERIDAN	38	75	102	174,382	378.27	4	14	22	27,730	34	61	79	146,652
SHERMAN	8	13	20	33,509	345.45	1	3	6	8,703	7	10	14	24,806
SIOUX	3	5	8	12,314	310.44	1	2	4	3,697	2	3	5	8,617
STANTON	8	16	21	32,086	335.98	1	1	2	1,020	7	15	19	31,066
THAYER	11	16	22	43,106	337.01	1	2	4	5,556	10	14	18	37,550
THOMAS	2	5	8	11,046	420.23	1	0	2	3,578	1	5	6	7,468
THURSTON	266	536	716	1,179,029	369.83	34	88	157	206,143	232	448	559	972,886
VALLEY	14	21	29	50,499	307.58	1	3	5	5,516	13	19	24	44,983
WASHINGTON	47	72	103	175,123	310.50	3	6	12	18,553	44	66	91	156,570
WAYNE	23	38	59	97,476	354.46	4	8	16	22,600	19	31	43	74,876
WEBSTER	13	25	33	50,848	332.34	1	2	4	5,177	12	23	29	45,671
WHEELER	1	1	1	1,776	207.20	-	-	-	0	1	1	1	1,776
YORK	19	32	46	83,530	363.32	2	4	7	9,815	17	28	39	73,715
OUT-OF-STATE	13	21	33	60,522	379.34	2	4	7	8,449	12	18	27	52,073
WESTERN SRVC AREA	1,258	2,292	3,193	\$5,385,892	\$356.67	127	298	554	\$736,322	1,132	1,994	2,640	\$4,649,570
CENTRAL SRVC AREA	1,159	2,066	2,863	4,891,318	351.59	111	258	480	663,643	1,049	1,808	2,384	4,227,675
NORTHERN SRVC AREA	1,074	1,967	2,623	4,548,671	353.02	94	218	407	563,897	980	1,749	2,216	3,984,774
SOUTHEAST SRVC AREA	1,995	3,734	5,291	8,778,297	366.65	208	527	944	1,268,114	1,787	3,207	4,347	7,510,183
EASTERN SRVC AREA	6,132	11,414	16,384	26,110,671	354.85	411	1,047	1,870	2,445,647	5,721	10,368	14,514	23,665,024

* Figures may not sum to totals due to rounding.

Nebraska Aid To The Aged, Blind And Disabled Program* State Fiscal Year 2006

County/Service Area	STATE SUPPLEMENT									
	TOTAL		AGED		BLIND		DISABLED		STATE DISABLED	
	Cases	Payments	Cases	Payments	Cases	Payments	Cases	Payments	Cases	Payments
STATE TOTAL	4,061	\$8,743,336	838	\$1,870,763	32	\$50,768	3,192	\$6,821,805	67	\$552,102
ADAMS	94	255,776	18	29,462	1	2,205	75	224,109	1	2,208
ANTELOPE	10	10,228	4	2,067	-	-	6	8,161	-	-
ARTHUR	-	-	-	-	-	-	-	-	-	-
BANNER	-	-	-	-	-	-	-	-	-	-
BLAINE	1	1,808	-	-	-	-	1	1,808	-	-
BOONE	7	12,168	3	2,492	1	45	4	9,631	1	2,515
BOX BUTTE	18	33,639	3	8,023	1	340	13	25,276	-	-
BOYD	3	5,007	1	124	-	-	2	4,883	-	-
BROWN	4	5,620	2	2,816	-	-	3	2,804	-	-
BUFFALO	58	114,701	12	21,020	1	45	44	93,636	2	12,627
BURT	12	18,285	4	2,694	-	-	7	15,591	1	368
BUTLER	10	16,638	1	3,999	-	-	8	12,638	-	-
CASS	28	43,368	6	8,853	1	5,332	21	29,184	2	12,205
CEDAR	9	5,655	3	2,747	1	18	5	2,890	-	-
CHASE	6	21,710	2	2,225	-	-	4	19,485	-	-
CHERRY	10	25,465	4	8,726	-	-	6	16,739	1	588
CHEYENNE	9	8,724	3	1,596	-	-	6	7,129	1	6,458
CLAY	9	18,021	2	5,439	-	-	7	12,582	1	5,348
COLFAX	25	102,371	16	90,150	-	-	8	12,221	1	1,122
CUMING	15	41,733	8	26,519	-	-	7	15,214	1	588
CUSTER	20	42,207	5	8,824	-	-	15	33,383	2	5,470
DAKOTA	38	78,293	16	54,807	1	1,946	21	21,540	-	-
DAWES	10	22,201	2	3,190	-	-	9	19,011	1	768
DAWSON	35	121,461	14	49,509	-	-	21	71,952	2	15,237
DEUEL	0	99	-	-	-	-	0	99	1	2,534
DIXON	5	15,977	3	10,839	-	-	2	5,138	-	-
DODGE	64	73,909	10	11,323	2	173	53	62,413	1	4,318
DOUGLAS	1,381	2,549,056	265	535,536	9	14,844	1,107	1,998,676	29	229,866
DUNDY	4	7,489	2	1,942	-	-	3	5,547	-	-
FILLMORE	7	23,372	1	27	-	-	7	23,345	-	-
FRANKLIN	4	9,507	2	251	-	-	2	9,256	1	12,061
FRONTIER	3	8,908	2	7,666	-	-	1	1,242	-	-
FURNAS	11	21,091	2	3,249	-	-	9	17,842	1	4,684
GAGE	94	73,369	11	12,276	1	240	82	60,853	1	6,767
GARDEN	3	4,243	1	3,383	-	-	2	861	-	-
GARFIELD	4	1,842	1	54	-	-	3	1,788	-	-
GOSPER	4	420	2	312	-	-	2	108	-	-
GRANT	0	1,229	0	446	-	-	0	783	-	-
GREELEY	4	12,540	2	790	-	-	3	11,749	-	-
HALL	151	314,813	26	44,319	2	1,304	123	269,189	2	7,098
HAMILTON	7	9,018	3	3,856	1	240	3	4,922	-	-
HARLAN	12	33,222	3	6,438	-	-	9	26,784	-	-
HAYES	2	7,914	-	-	-	-	2	7,914	-	-
HITCHCOCK	7	6,120	2	469	-	-	5	5,651	1	4,445
HOLT	12	7,451	2	2,199	1	15	10	5,238	-	-
HOOVER	-	-	-	-	-	-	-	-	-	-
HOWARD	7	21,623	2	7,351	-	-	5	14,271	-	-
JEFFERSON	14	24,933	1	144	-	-	12	24,789	1	503
JOHNSON	5	12,347	2	11,024	-	-	3	1,323	1	2,937

Nebraska Aid To The Aged, Blind And Disabled Program* State Fiscal Year 2006

County/Service Area	STATE SUPPLEMENT									
	TOTAL		AGED		BLIND		DISABLED		STATE DISABLED	
	Cases	Payments	Cases	Payments	Cases	Payments	Cases	Payments	Cases	Payments
KEARNEY	29	14,814	1	93	-	-	28	14,721	-	-
KEITH	9	12,601	4	1,102	-	-	5	11,499	1	100
KEYA PAHA	-	-	-	-	-	-	-	-	-	-
KIMBALL	5	8,885	3	6,064	-	-	3	2,821	-	-
KNOX	8	14,377	3	6,374	-	-	5	8,002	1	561
LANCASTER	769	1,921,561	143	392,183	7	15,554	618	1,513,823	7	52,187
LINCOLN	154	526,201	23	65,008	2	5,343	128	455,850	3	29,282
LOGAN	-	-	-	-	-	-	-	-	0	722
LOUP	1	35	-	-	-	-	1	35	-	-
MADISON	90	252,009	27	83,442	-	-	63	168,567	2	31,189
MCPHERSON	-	-	-	-	-	-	-	-	-	-
MERRICK	64	269,999	4	12,467	-	-	61	257,532	-	-
MORRILL	8	3,633	1	600	-	-	6	3,033	-	-
NANCE	40	123,780	10	12,988	1	330	30	110,462	1	608
NEMAHA	17	34,073	2	1,577	-	-	15	32,496	1	46
NUCKOLLS	9	23,249	3	2,289	-	-	6	20,960	-	-
OTOE	28	24,815	7	4,161	1	807	20	19,847	2	8,969
PAWNEE	6	13,356	1	1,846	-	-	4	11,510	-	-
PERKINS	2	4,893	-	-	-	-	2	4,893	-	-
PHELPS	17	20,898	3	5,807	-	-	14	15,092	-	-
PIERCE	7	9,435	2	713	-	-	5	8,722	1	166
PLATTE	47	140,328	21	84,012	-	-	27	56,316	-	-
POLK	5	4,978	2	1,176	-	-	2	3,802	-	-
RED WILLOW	27	36,120	8	13,707	1	60	18	22,354	1	2,763
RICHARDSON	21	39,660	5	9,752	1	831	15	29,077	1	8,202
ROCK	-	-	-	-	-	-	-	-	-	-
SALINE	21	30,496	7	9,687	-	-	14	20,809	-	-
SARPY	95	100,465	23	37,041	1	54	70	63,369	4	34,882
SAUNDERS	23	57,224	4	6,782	-	-	19	50,442	1	1,444
SCOTTS BLUFF	168	400,307	30	53,314	1	83	136	346,911	1	17,213
SEWARD	23	29,899	8	3,016	1	360	14	26,522	1	588
SHERIDAN	6	32,617	-	-	-	-	6	32,617	1	4,974
SHERMAN	3	9,719	1	1,576	-	-	2	8,143	-	-
SIOUX	1	90	1	45	-	-	1	45	-	-
STANTON	6	12,551	2	3,700	-	-	4	8,851	-	-
THAYER	8	12,097	5	7,608	-	-	3	4,490	2	4,000
THOMAS	2	1,753	1	135	-	-	1	1,618	-	-
THURSTON	21	15,377	1	537	-	-	20	14,840	-	-
VALLEY	8	11,321	2	800	1	570	5	9,952	-	-
WASHINGTON	10	20,233	4	3,164	-	-	7	17,069	1	4,721
WAYNE	15	47,394	4	6,202	-	-	11	41,192	-	-
WEBSTER	33	122,385	4	13,890	-	-	29	108,495	1	922
WHEELER	1	3,188	-	-	-	-	1	3,188	-	-
YORK	25	45,460	4	7,756	-	-	21	37,704	1	6,981
OUT-OF-STATE	22	45,500	4	10,981	1	30	16	34,489	1	868
WESTERN SRVC AREA	584	5,827,044	524	1,180,025	24	38,365	2,168	4,608,653	50	355,303
CENTRAL SRVC AREA	532	690,378	59	116,982	3	1,544	238	571,852	8	23,745
NORTHERN SRVC AREA	368	1,041,320	121	297,050	6	9,323	324	734,948	16	90,336
SOUTHEAST SRVC AREA	1,102	989,237	118	236,965	6	1,333	362	750,939	13	70,551
EASTERN SRVC AREA	1,476	104,405	17	21,010	2	173	67	83,222	1	4,318

* Figures may not sum to total due to rounding.

Nebraska Food Stamps Program State Fiscal Year 2006

COUNTY/SERVICE AREA	HOUSEHOLDS *			PERSONS *			VALUE OF COUPONS	AVERAGE VALUE PER PERSON	AVERAGE VALUE PER HOUSEHOLD
	PUB. ASST.	NON-PUB. ASST.	TOTAL	PUB. ASST.	NON-PUB. ASST.	TOTAL			
STATE TOTAL	19,041	32,105	51,146	42,912	76,509	119,421	\$123,813,292.99	\$86.40	\$201.73
ADAMS	322	600	922	635	1,347	1,982	1,913,280.00	80.44	172.91
ANTELOPE	39	156	196	87	366	453	386,046.00	71.07	164.48
ARTHUR	2	4	6	5	11	17	15,248.00	76.62	224.24
BANNER	1	5	6	2	19	21	15,513.00	61.56	221.61
BLAINE	1	5	7	3	22	25	28,058.00	92.91	350.73
BOONE	23	73	96	35	186	222	214,592.00	80.70	186.44
BOX BUTTE	137	312	449	309	807	1,116	1,070,444.00	79.90	198.78
BOYD	14	30	44	22	67	89	74,664.00	69.98	141.68
BROWN	20	47	67	22	125	147	116,577.00	66.01	144.82
BUFFALO	372	751	1,124	859	1,920	2,779	2,864,582.00	85.90	212.47
BURT	70	136	206	133	328	461	438,660.00	79.24	177.45
BUTLER	48	133	181	87	328	415	379,770.00	76.20	175.17
CASS	103	332	435	223	870	1,092	1,130,373.00	86.24	216.51
CEDAR	17	71	89	27	191	218	195,059.00	74.45	183.15
CHASE	20	60	80	33	141	174	162,762.00	77.99	170.43
CHERRY	50	124	174	90	350	440	416,920.00	78.92	199.20
CHEYENNE	67	155	222	139	372	511	459,262.00	74.92	172.46
CLAY	29	110	139	64	291	355	317,159.00	74.40	189.92
COLFAX	32	167	199	61	374	435	459,148.00	88.03	192.03
CUMING	25	101	126	45	276	321	273,482.00	71.05	180.64
CUSTER	80	172	252	136	456	591	499,780.00	70.46	165.22
DAKOTA	189	450	638	381	1,242	1,623	1,658,900.00	85.18	216.54
DAWES	118	233	351	257	570	826	835,024.00	84.20	198.30
DAWSON	161	475	636	347	1,309	1,656	1,610,122.00	81.05	211.11
DEUEL	11	28	39	21	57	79	72,068.00	76.26	154.99
DIXON	21	61	82	33	173	206	189,952.00	76.84	193.04
DODGE	314	793	1,107	654	1,929	2,583	2,714,404.20	87.56	204.29
DOUGLAS	8,764	10,881	19,645	20,990	23,192	44,182	49,232,543.38	92.86	208.84
DUNDY	18	40	57	28	97	125	103,006.00	68.85	150.15
FILLMORE	29	105	134	40	281	320	276,098.00	71.83	171.92
FRANKLIN	28	52	80	60	122	182	179,307.00	82.14	187.95
FRONTIER	8	31	39	12	88	100	84,921.00	70.53	182.63
FURNAS	39	116	155	58	309	367	302,233.00	68.60	162.06
GAGE	193	418	612	375	1,060	1,435	1,378,131.00	80.05	187.76
GARDEN	12	48	60	18	99	117	101,185.00	72.02	140.34
GARFIELD	12	25	36	15	62	77	57,400.00	62.39	132.26
GOSPER	7	19	26	12	55	66	66,401.00	83.63	213.51
GRANT	2	10	12	4	26	30	24,783.00	68.65	174.53
GREELEY	13	27	39	31	61	93	78,723.00	70.67	167.50
HALL	631	1,287	1,917	1,423	3,341	4,764	4,946,389.00	86.53	214.99
HAMILTON	33	97	130	68	268	336	312,260.00	77.45	200.17
HARLAN	28	59	87	57	160	217	188,014.00	72.20	179.57
HAYES	4	8	12	6	17	22	20,046.00	74.52	144.22
HITCHCOCK	24	60	85	35	161	195	175,814.00	75.07	173.05
HOLT	86	183	269	149	478	627	495,408.44	65.90	153.76
HOOKER	3	9	12	5	27	32	25,885.00	67.23	179.76
HOWARD	40	97	137	87	244	330	303,745.00	76.61	184.76
JEFFERSON	82	157	238	146	370	516	451,627.00	73.01	158.02
JOHNSON	30	63	93	60	159	219	205,440.00	78.14	183.59

Nebraska Food Stamps Program State Fiscal Year 2006, continued

COUNTY/SERVICE AREA	HOUSEHOLDS *			PERSONS *			VALUE OF COUPONS	AVERAGE VALUE PER PERSON	AVERAGE VALUE PER HOUSEHOLD
	PUB. ASST.	NON-PUB. ASST.	TOTAL	PUB. ASST.	NON-PUB. ASST.	TOTAL			
KEARNEY	26	65	92	65	190	255	252,730.00	82.59	229.96
KEITH	72	193	264	128	453	581	526,701.00	75.50	166.10
KEYA PAHA	2	6	8	4	25	29	15,805.00	45.68	156.49
KIMBALL	16	80	96	33	198	230	219,123.00	79.28	190.05
KNOX	74	166	241	161	443	603	537,241.00	74.19	186.03
LANCASTER	2,676	4,195	6,871	5,963	10,155	16,119	17,061,327.64	88.21	206.92
LINCOLN	433	868	1,300	868	2,088	2,956	2,818,603.00	79.46	180.62
LOGAN	4	12	16	7	34	41	40,868.00	82.73	212.85
LOUP	3	4	7	4	6	10	9,014.00	72.11	106.05
MCPHERSON	2	2	3	4	4	8	6,609.00	72.63	169.46
MADISON	358	825	1,183	697	1,921	2,618	2,642,606.00	84.12	186.19
MERRICK	55	100	154	98	258	356	322,709.00	75.63	174.25
MORRILL	61	140	201	134	401	535	469,149.80	73.08	194.67
NANCE	25	60	85	47	171	218	208,635.00	79.60	203.55
NEMAHA	74	174	248	151	427	578	562,058.00	81.03	188.80
NUCKOLLS	43	63	106	72	151	223	174,851.00	65.34	137.35
OTOE	86	269	355	170	615	786	813,337.00	86.28	191.06
PAWNEE	25	54	78	35	131	166	139,952.00	70.47	149.20
PERKINS	8	33	41	21	84	105	88,080.00	70.18	179.39
PHELPS	78	196	275	174	460	634	591,123.00	77.68	179.35
PIERCE	28	85	113	51	219	270	225,936.00	69.86	166.01
PLATTE	186	583	769	349	1,402	1,750	1,690,798.00	80.51	183.20
POLK	16	70	86	31	186	217	173,478.00	66.70	168.26
RED WILLOW	94	248	342	153	614	767	691,843.00	75.16	168.74
RICHARDSON	88	228	316	156	563	719	648,005.00	75.15	170.84
ROCK	10	18	28	13	58	71	55,803.00	65.57	163.65
SALINE	38	166	205	80	401	481	479,804.00	83.16	195.44
SARPY	646	977	1,623	1,575	2,538	4,113	4,424,339.00	89.65	227.19
SAUNDERS	81	244	325	173	649	822	808,468.00	81.99	207.30
SCOTTS BLUFF	736	1,097	1,833	1,526	2,845	4,371	4,069,481.53	77.58	184.98
SEWARD	37	137	174	78	372	451	436,927.00	80.81	208.96
SHERIDAN	49	125	174	119	370	489	475,188.00	80.95	228.13
SHERMAN	23	43	65	44	113	157	127,995.00	68.12	163.47
SIOUX	4	9	13	9	30	39	33,777.00	73.11	217.92
STANTON	8	57	65	20	161	181	163,327.00	75.27	209.93
THAYER	34	83	117	49	208	257	199,189.00	64.69	141.97
THOMAS	2	7	9	7	17	24	22,252.00	78.91	209.92
THURSTON	214	333	547	739	1,008	1,747	1,950,091.00	93.03	297.09
VALLEY	30	90	120	55	214	268	209,548.00	65.06	146.03
WASHINGTON	63	185	248	152	442	595	617,704.00	86.57	207.77
WAYNE	54	103	157	93	265	358	357,886.00	83.23	190.16
WEBSTER	20	61	80	42	154	196	166,082.00	70.52	172.11
WHEELER	-	3	3	-	17	17	8,815.00	44.08	267.12
YORK	48	209	257	77	487	564	468,854.00	69.28	151.88
OUT-OF-STATE	43	65	108	97	164	261	285,971.00	91.16	221.34
WESTERN SRVC AREA	2,112	4,424	6,536	4,298	11,302	15,600	14,606,392.33	78.03	186.22
CENTRAL SRVC AREA	1,866	3,906	5,772	3,993	9,854	13,847	13,551,564.00	81.55	195.66
NORTHERN SRVC AREA	1,923	4,815	6,738	4,066	12,198	16,264	16,099,644.64	82.49	199.12
SOUTHEAST SRVC AREA	3,689	7,036	10,725	7,893	17,261	25,154	25,612,838.64	84.85	199.02
EASTERN SRVC AREA	9,409	11,859	21,268	22,565	25,730	48,295	53,656,882.38	92.59	210.24

*The Nebraska Health and Human Services System
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